PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



LORIDA DEPARTMENT OF STATE

Glenda E. Hood

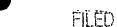
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P01000089069	9
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1. Corporation Name

SIGNATURE:

BENFICA, CORP.



03 NOV -7 PH 1:45

SECREMAY OF STATE TALLAHASSHE, FLORIDA

Principal Pl	lace of Business	Mailing Address	<u> </u>				
782 NW 42 AVE. STE. 637 MIAMI FL 33126 MIAMI FL 33126			RFIN	STATEM	6 3		
If above a	addresses are incorrect in any way, line thro	ugh incorrect information and enter	correction below.	I IPIII			
2. New Prin	ncipal Office Address, If Applicable Westward Dr. #, etc.	3. New Mailing Office Address, If 10976 NW Suite, Apt. #, etc.	Applicable 73 5+.	Date Incorp To Do Busir	orated or Qualified ness in Florida	09/11/2001	
Α.				5. FEI Number		Applied For	
City & State	misnrings F4	City & State Miami #4			65-1136440	Not Applicable	
^{Zip} 33	166 Country	Zip 33178 Countr	у	6. CERTIFICATE	OF STATUS DESIRED	S8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/o	r Director (Florida nonprofit corpora	ations must list at lea	st 3 directors)			
Title(s)	Name of Officers and/or Directors	=	eet Address of Each ficer and/or Director		City / State / Zip		
Р	PEREIRA, JORGE	782 NW 42 AVE	STE. 637		MIAMI FL 33126		
D	PEREIRA, SOLEDAD DIAZ-	782 NW 42 AVE	STE. 637		MIAMI FL 33126		
	·			00 11/07/	0024499 030100901	3400 7 **750,00	
	8. Name and Address of Current R	enistered Agent		9. Name and	Address of New Regist	ered Agent	
		ogioto, ou Agont	Name				
782 NV	NEZ, TANIA A N 42 AVE. STE. 637 FL 33126	ميد ، عقد - به	1097 Suite, Apt. #, Etc.	O. Box Number	is Not Acceptable)		
10. I, being	appointed the registered agent of the above	named corporation, am familiar wi		mi FL		State Zip Code FL 33178 7.0505, F.S.	
Signature of Registered A	REC	GISTERED AGENT MUST SIGN				1563	
тт. г фелиу (that I am an officer or director or the receive	er or trustee empowered to execute	tnis application as pr	rovided for in cha	pter 607 or 617, F.S. I fu	urther certify that when filing	

this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03

Date

Daytime Phone #