

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 13 AM 8:00

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 902000023964

1. Corporation Name  
BETTU, INC.

5750 OAK TREE AVE  
5750 OAK TREE AVE

2. Principal Office Address  
5750 OAK TREE AVE

Suite, Apt. #, etc.

3. Mailing Office Address  
5750 OAK TREE AVE

Suite, Apt. #, etc.

City & State  
HOLLYWOOD

City & State  
HOLLYWOOD

Zip  
33312

Country  
US

Zip  
33312

Country  
US

**REINSTATEMENT**

04

MRS

4. Date Incorporated or Qualified  
To Do Business in Florida

03/04/02

5. FEI Number  
20-0365081

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
DANIEL BENGIO

Street Address (P.O. Box Number is Not Acceptable)  
2525 N STATE RD 7

Suite, Apt. #, Etc.  
115

City  
HOLLYWOOD

State  
FL

Zip Code  
33021

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Date

12/7/04

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPT	GHEA NATAN	5750 OAK TREE DR	HOLLYWOOD, FL 33312
VS	GHEA ANITA	5750 OAK TREE DR	HOLLYWOOD, FL 33312

00043365081  
12/13/04--01060--013 \*\*150.0

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further 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.

SIGNATURE:

NATAN GHEA

12/7/04 (305) 333-1505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

292

BETTU, INC.  
5750 OAK TREE AVE  
HOLLYWOOD, FL 33312

November 30, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re:  
DOC#P02000023964

Dear Sir or Madam:

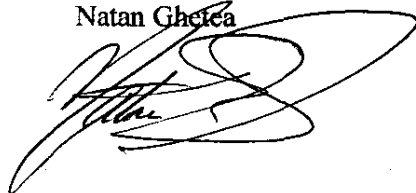
I ask that the penalty for the failure to file an annual report be waived. I never received the renewal form and was not aware of the renewal requirement. The penalty will create a hardship for my business and I ask that you please waive it.

Enclosed are my 2004 Corporation Reinstatement forms with my fee of \$150.00

Thank you very much for your help and understanding.

Sincerely,

Natan Ghetea

A handwritten signature in black ink, appearing to read 'Natan Ghetea', written over the printed name.