

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 APR 30 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P020000059826**

1. Corporation Name

Rahansia P. Ben-Mejuri, P.A.

2. Principal Office Address

1402 Plymouth Ave
Suite, Apt. #, etc.

3. Mailing Office Address

1402 Plymouth Ave
Suite, Apt. #, etc.

REINSTATEMENT

03-04

City & State

Mt. Dora, FL

Zip **32757** Country **US**

City & State

Mt. Dora, FL

Zip **32757** Country **US**

4. Date Incorporated or Qualified
To Do Business in Florida

6/10/02

5. FEI Number

01-0704543

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

Rahansia P. Ben-Mejuri, P.A.

Street Address (P.O. Box Numbers Not Acceptable)

1402 Plymouth Avenue

Suite, Apt. #, Etc.

City

Mt. Dora

State

FL

Zip Code

32757

500034813685

04/30/04--01019--016 *300.00**

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

(X) Rahansia P. Ben-Mejuri
REGISTERED AGENT MUST SIGN

Date **(X) 4/26/04**

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
P/D	Rahansia P. Ben-Mejuri	1402 Plymouth Avenue	Mt. Dora, FL 32757

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:

(X) Rahansia P. Ben-Mejuri **Rahansia P. Ben-Mejuri** **(X) 4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)

BS

To whom it may concern. We did not receive the form in the mail for our Corporation 2003. We are sending a Reinstatement form with this letter \$300⁰⁰ per the Telephone Call to your office.

Thank you

Rahmsia P. Ben Mejia