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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 30 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000059826

1. Corporation Name
Rahansia P. Ben-Mejuri, P.A.

2. Principal Office Address
1402 Plymouth Ave

3. Mailing Office Address
1402 Plymouth Ave

City & State
Mt. Dora, FL

City & State
Mt. Dora, FL

Zip Country
32757 US

Zip Country
32757 US

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida
6/10/02

5. FEI Number
01-0704543

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

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 Date (X) 4/26/04

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

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)

85

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. Bae Mejias