PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 DEC -8 PM 8:51

JECKETARY OF STALL TALLAHASSEE, FLORIDA

-APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT# P (02000064503
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1. Corporation Name

BEN-YAACOV HOLDING, INC.

Principal Place of Business

Mailing Address

SUITE 134 SUITE 134			FEDERAL HIGHWAY EACH FL 33064								
		incorrect in any way, line th				elow.		"			
New Principal Office Address, If Applicable New Mallin			ng Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida O6/11/2002					
Suite, Apt. #, etc. Suite, Apt. #,			etc.						Applied For		
City & State City & State			Harvida 199			03-0459413 Not Applicable					
Zip Country Zip		Zip		Country		6. CERTIFICATE OF STATUS DESIRED			onal Fee required licate of Status		
7. Names	and Street Ac	I Idresses of Each Officer and	/or Director (Flo	rida nonprof	I (it corporations must	list at lea	ast 3 directors)				
Title(s)				Street Address of Each Officer and/or Director				City / State / Zip			
PSTD	YAACOV, YANIV BEN			3907 NORTH FEDERAL HIGHWAY SUITE			POMPANO BEACH FL 33064				
	, a :			01/03.				10026609910 7401080008 **180.00			
, <u>, , , , , , , , , , , , , , , , , , </u>											
8. Name and Address of Current Registered Agent				Name	Name and Address of New Registered Agent Name						
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST.				Street Address (P.O. Box Number is Not Acceptable)							
4TH FLOOR			Suite, Apt. #, Etc.								
MIAMI FL 33145				City			·	State Zip Code			
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S. Signature of Registered Agent PEQUIRED Date 12/02/203 REGISTERED AGENT MUST SIGN 11. 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 filling									at when filing		
this rei	nstatement a	pplication, the reason for dis- ation have been paid and the	solution has been	eliminated,	the gorporate name	satisfies	the requirement	s of section 607.0401 or 6	17.0401, F.S.,	, that all fees	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/02/2003

Daytime Phone #

Ben-Yaacov Holding,Inc. 3907 North Federal Highway Suite 134 Pompano Beach, Florida 33064

November 12, 2003 Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 332314

To Whom It May Concern:

I have just found out that my company, Ben-Yaacov Holdings, Inc., is inactive status. I never received the form UBR and was unaware that I needed to send in a form every year. I am requesting that you would be kind enough to waive the late file fees. I will make sure to be aware next year to watch for the form.

Thank you for your help.

Sincerely,

Yaniy Ben Yaacov