

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -8 PM 4: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000096279

1. Corporation Name

BHENAS^TS INC.

2. Principal Office Address

61 N.E. 9th Street

3. Mailing Office Address

132 MINORCA AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33132

City & State

Coral Gables, FL 33134

Zip

33132

Country

USA

Zip

33134

Country

USA

4. Date Incorporated or Qualified
To Do Business In Florida

9/03/03

5. FEI Number

47-0932606

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Date

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
D	MOHAN LALL	61 N.E. 9th Street	Miami, FL 33132
D	BHENA LALL	61 N.E. 9th Street	Miami, FL 33132

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mohan Lall

11-04-04

CR2E081 (01/04)

BHENA'S FOOTWEAR, INCORPORATED

**132 Minorca Avenue
Coral Gables, FL 33134**

November 4, 2004

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

Re: Bhena's Inc.
Document Number: P03000096279

Dear Representative:


Enclosed please find a Corporate Reinstatement application for Bhena's Inc., for processing. We have also enclosed a check in the amount of \$150.00 to cover the filing fee for the 2004 Uniform Business Report. We respectfully request the waiver of the reinstatement fee due to the fact that a request for payment of the Annual Report was not received.

Please note that the new mailing address for Bhena's Inc. is as follows:

**132 Minorca Avenue
Coral Gables, FL 33134**

If you have any questions or require additional information regarding this matter, please do not hesitate to contact Grizel Gil at 305 441-1012 ext. 235.

Sincerely,


Mohan Lall