
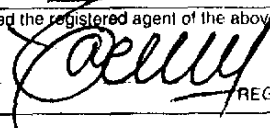



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>942000011178</b>			
1. Corporation Name <b>BENMAR AGENCIES U.S.A., INC.</b>			
Principal Place of Business <b>4970 S.W. 72ND AVENUE #108 MIAMI FL, 33155</b>		Mailing Address <b>4970 S.W. 72ND AVENUE #108 MIAMI FL, 33155</b>	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida <b>1994</b>		5. FEI Number <b>65-0375427</b>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
		S8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	ALBERTO ALEJANDRO TAVERNA	10060 NW 6TH LANE	MIAMI FLORIDA, 33172
V-P	DANIEL HORACIO MERCADO LOZANO	AV. PABLO VI #7 POZUELO	DE ALARCON 28223 MADRID
S	FERNANDO CONIL-REICHARD	10390 SW 56TH TERRACE	MIAMI FLORIDA, 33173
T	ROBERTO GAUDELLI CARRABETTA	SINALOA #31 COLONIA ROMA MEXICO D.F.	06700 MEXICO DELEGACION CUAUHTEMOC
		200002406002--0 -01/21/98--01007--004 ***1350.00 ***1350.00	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALBERTO ALEJANDRO TAVERNA 10060 NW 6TH LANE MIAMI FL, 33172		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	
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. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date <b>01/13/98</b>			
11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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:  ALBERTO TAVERNA 01/13/98 (305) 661-7650 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

FILED

98 JAN 14 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 94-98

CR26040 (12/96)