

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra M. Bram  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

97 OCT 27 AM 11:00

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000039451

1. Corporation Name **DEL BEN, INC**

Principal Place of Business  
~~2890 GRIFFIN RD~~  
~~SUITE 4~~  
~~DANIA, FL 33312~~

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**901 S. OCEAN DRIVE**  
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable  
**P.O. BOX 4815**  
 Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida **6/3/93**

City & State  
**HOLLYWOOD, FL**  
 Zip **33019** Country **US**

City & State  
**HOLLYWOOD, FL**  
 Zip **33063** Country **US**

5. FEI Number  
**65-0495756**

Applied For  
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 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/D	TERESA FRANKLIN	901 S. OCEAN DRIVE	HOLLYWOOD, FL 33019
V/D	BENEDICTO MANNA	901 S. OCEAN DRIVE	HOLLYWOOD, FL 33019

6000002340626--1  
 -11/06/97--01094--009  
 \*\*\*\*\*365.00 \*\*\*\*\*365.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
**ROBERT GOLDEN**  
 Street Address (P.O. Box Number is Not Acceptable)  
**771 W. OAKLAND IN BLVD.**  
 Suite, Apt. #, Etc.  
 City  
**FORT LAUDERDALE**  
 State  
**FL**  
 Zip Code  
**33311**

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

*Robert Golden*

REGISTERED AGENT MUST SIGN

Date **10/18/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(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:

*Teresa Franklin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**TERESA FRANKLIN, PRES**  
 Date **10/18/97**

**(954) 921-4694**  
 Daytime Phone #

CR2E040 (12/96)

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**Delben, Inc.**  
**P.O.Box 4815**  
**Hollywood, FL 33083**

October 18, 1997

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

In accordance with instructions received by telephone from one of your reinstatement clerks, we herewith submit our application for reinstatement along with our check for \$365.00 representing annual report fees for 1996 (\$200.00) and 1997 (\$165.00).

We hereby request abatement of the reinstatement fee due to extenuating circumstances, i.e. the death of our president and registered agent, Rose Spaner, during the early part of 1996.

Thank you for your assistance and cooperation in this matter.

Very truly yours,  
Delben, Inc.

President  
