

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2023 DEC -4 PM 2:43

STATE OF FLORIDA
TALLAHASSEE, FL

DOCUMENT # P94000081361

1. Corporation Name **BENGE CORP.**

100419832881
12/04/23--01034--014 **1200.00

2. Principal Office Address - No P.O. Box #
609 EAST PINE STREET

3. Mailing Office Address
609 EAST PINE STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

City & State

ORLANDO, FLORIDA

Zip

32801

Country

USA

Zip

32801

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida **11/04/1994**

5. FEI Number
59-3276198

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **TONY BENGE**

Street Address (P.O. Box Number is Not Acceptable)
609 EAST PINE STREET

Suite, Apt. #, Etc.

City **ORLANDO**

State
FL

Zip Code
32801

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **December 1, 2023**

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
PRES	TONY BENGE	601 EAST PINE STREET	ORLANDO, FLORIDA 32801
VP	ROBYN BENGE	601 EAST PINE STREET	ORLANDO, FLORIDA 32801
SEC	ROBYN BENGE	601 EAST PINE STREET	ORLANDO, FLORIDA 32801
TREA	ROBYN BENGE	601 EAST PINE STREET	ORLANDO, FLORIDA 32801

10. E-mail Address: **tony@bengedevelopment.com**

(To be used for future annual report notification)

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 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Tony Bengé Pres. 12/1/23 407 948 3681