

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

99 AR

FLORIDA DEPARTMENT OF STATE
Bernine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

50 APR 30 AM 8:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P 95000005492 (0)**

1. Corporation Name

BEMAK GROUP CORP.

Principal Place of Business

Mailing Address

**16569 S.W. 112 DR. SAME
MIAMI FLORIDA 33196**

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

OCTUBRE 1995

5. FEI Number

65-0561063

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
1	DAFIF ABUL HUSN	13913 S.W. 93L.	MIAMI FL 33186
2	EDWAR I ABOULHOSN	15169 S.W. 112 DR.	MIAMI FL 33196
3	DAFIF ABOULHOSN JR.	8006 S.W. 149 AV.	MIAMI FL 33193

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******158.75 ****158.75**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

DAFIF ABUL HUSN

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

13913 S.W. 93L.

Suite, Apt. #, Etc

4213

City

MIAMI

State

Zip Code

FL

33186

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **4-15-99**

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

Date

Daytime Phone #

CR2001 (2-99)