

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 APR 22 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000014379**

1. Corporation Name

Ben-Zey Corporation

2. Principal Office Address - No P.O. Box #

Suite, Apt. #, etc.

5918 Bahama Shores Dr. S.

City & State

St. Petersburg, FL

Zip

33705

Country

USA

3. Mailing Office Address

P.O. Box 530266

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33747

Country

USA

600177070626
04/22/10--01028--017 **450.00
REINSTATEMENT 08-10
CR2E081 (4/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2/21/1995

5. FEI Number

59-3303456

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

P.J. Benton

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

5918 Bahama Shores Drive South

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33705

PROFIT CORPORATIONS ONLY

☒ The \$600.00 reinstatement fee is imposed,
except in circumstances which the entity did
not receive the prior notices. By checking
this box, you are certifying the prior
notices were not received and requesting
the reinstatement fee be waived.

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 of P.J. Benton]

REGISTERED AGENT MUST SIGN

Date

4/21/10

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 |
|--------|--------------------------------------|---|--------------------------|
| P/D | P.J. Benton | 5918 Bahama Shores Dr. S. | St. Petersburg, FL 33705 |
| | | | |
| | | | |
| | | | cc 4/23 |

10. E-mail Address: **pjbenton@pjident.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., 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.

SIGNATURE:

[Signature of P.J. Benton]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/21/10 (704) 426-1001

Daytime Phone #