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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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Name of Officers and/or Directors		Street Address of Each Officer and/or Director			h	<u> </u>	City / Sta	ate / Zip	
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filing this reinstatement appl F.S. that all fees owed by the	cation, the reason for e corporation have be	or dissolution been paid a	hhas been eli ndithe names	minated, the of individual:	e corporate nar Is listed on this	ne satisfies the req form do not qualify	uirements for an ex	s of section 607. kemption under:	.0401 or section
O at file	Name of Officers and/or Director of Image and American American Image and American American Image and American Image and Image	Name of Officers and/or Directors CHEVED BEN ZAKEN I am an officer or director or the receiver or trusting this reinstatement application, the reason for S., that all fees owed by the corporation have to F.S. The information indicated on this application.	Name of Officers and/or Director (Florida notation of Officers and/or Directors) CHEVED BEN ZAKEN 9473 I SES BEN ZAKEN 9473 I am an officer or director or the receiver or trustee empowering this reinstatement application, the reason for dissolation of the composition of the c	Name of Officers and/or Directors CHEVED BEN ZAKEN 9473 BYRON I SES BEN ZAKEN 9473 BYRON I am an officer or director or the receiver or trustee empowered to executing this reinstatement application, the reason for dissolution has been elicated. S., that all fees owed by the corporation have been paid and the names F.S. The information indicated on this application is true and accurate, a	Name of Officers and/or Directors Street Address of Each Officers and/or Directors Officer and/or Directors Officer and/or Directors Officer and/or Director Officer and/or Di	Name of Officers and/or Directors Name of Officer and/or Directors CHEVED BEN ZAKEN 1 am an officer or director or the receiver or trustee empowered to execute this application as providing this reinstatement application, the reason for dissolution has been eliminated, the corporate names. It information indicated on this application is true and accurate, and my signature shall have	Name of Officers and/or Directors Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Director CHEVED BEN ZAKEN 9473 BYRON AVENUE MIAMI, ISES BEN ZAKEN 9473 BYRON AVENUE MIAMI, I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter of this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the req. S., that all fees owed by the corporation have been paid and/the names of individuals listed on this form do not qualify. F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effects.	Name of Officers and/or Directors Street Address of Each Officers and/or Directors Officer and/or Directors Officer and/or Director City / Street Address of Each Officer and/or Director City / Street Address of Each Officer and/or Director City / Street Address of Each Officer and/or Director City / Street Address of Each Officer and/or Director MIAMI, FL 3 I SES BEN ZAKEN 9473 BYRON AVENUE MIAMI, FL 3 I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 61 ing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirement 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 experiment of the proposal of the same legal effect as if the same information indicated on this application is true and accurate, and my signature shall have the same legal effect as if the same information indicated on this application is true and accurate, and my signature shall have the same legal effect as if the same in	Name of Officers and/or Directors Street Address of Each Officers and/or Directors Street Address of Each Officers and/or Directors City / State / Zip CHEVED BEN ZAKEN 9473 BYRON AVENUE MIAMI, FL 33154 ISES BEN ZAKEN 9473 BYRON AVENUE MIAMI, FL 33154 Is 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 or ling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607. 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 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

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BEN ZAKEN CORPORATION 9473 BYRON AVENUE SURFSIDE, FL 33154

December 21, 2004

Doc. Number: P95000017611

To Whom It May Concern: _

We respectfully request a waiver of the \$ 600.00 late fee for our company Ben Zaken Corporation

We received neither the 2004 Annual Report Notices nor your letter dated July 23, 2004. The location were the notices were sent was closed on December 1st, 2002.

Please consider our request, it was never our intention not to pay the 2004 Annual Report.

Sincerely

Yocheved Ben Zaken