

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

112

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 DEC 27 AM 8:23

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000017611

1. Corporation Name

BEN ZAKEN CORPORATION

2. Principal Office Address

9473 BYRON AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

9473 BYRON AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

Zip

33154

Country

USA

Zip

33154

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

03/03/1995

5. FEI Number

65-0574290

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

YOCHEVED BEN ZAKEN

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

9473 BYRON AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33154

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

Date

12/03/04

REGISTERED AGENT MUST SIGN

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
D	YOCHEVED BEN ZAKEN	9473 BYRON AVENUE	MIAMI, FL 33154
D	MOISES BEN ZAKEN	9473 BYRON AVENUE	MIAMI, FL 33154

10. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/2

**BEN ZAKEN CORPORATION  
9473 BYRON AVENUE  
SURFSIDE, FL 33154**

December 21, 2004

Doc. Number: P95000017611

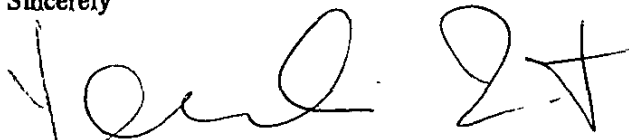
To Whom It May Concern:

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 where the notices were sent was closed on December 1<sup>st</sup>, 2003.

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

Sincerely



Yocheved Ben Zaken