

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P9500075193

1. Corporation Name

BESCO INDUSTRIES INC.

FILED

96 NOV 12 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing Address

Principal Place of Business

40 ESSENTIAL BUSINESS
SERVICES INC.
2700 W. OAKLAND PARK BLVD
SUITE 24C
FT. LAUDERDALE, FL 33311

7333 NW 32nd Avenue
MIAMI, FLORIDA 33147

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. (New Mailing Address) Applicable

3. (New Principal Office Address) Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida
SEPTEMBER 29 1995

5. FEI Number

65-0612172

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
P/D	JAINARINE PERSAD	7333 NW 32nd Avenue	Miami, FL 33147
VP/D	SHIVAN PERSAD	7333 NW 32nd Avenue	Miami, FL 33147

8000002008798-9
-11/19/96--01162--013
****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

JANET PHILLIPS
2150 W. OAKLAND PARK BLVD, STEB
FT. LAUDERDALE, FL 33311

Name

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

2100 W. OAKLAND PARK BLVD

Suite, Apt. #, Etc.

SUITE 24C

City

FT. LAUDERDALE

State

FL

Zip Code

33311

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

Janet Phillips

REGISTERED AGENT MUST SIGN

Date November 6 1996

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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

JANARINE PERSAD, PRESIDENT

November 6 1996 (305) 836-7600

Date

Daytime Phone #