APPLICATION .	OR DA DEPARTME		OMPLETING	THIS FORM.		
PEINS TATEMEN VISION OF COPY ORATIONS			FILED			
DOCUMENT # P 95000084891			99 MAY 24 PM 3: 37			
BENESAWGRASS, INC.			EAULAHASSEE, FLORIDA			
Principal Place of Business Mailing Address			5000028981558 -06/08/9901050017 ****673.75 ****673.75			
12801 W. Sunrise Blvd.   128	ew Mailing Office Address, II / OO Wisconsin , Apl. #, elc & State shington, DC Country	Applicable Ave. N.W.  Sylvania	4. Date Incorporated To Do Business in 5 FEI Number 65-0628 6 CERTIFICATE OF ST	175	Applied For Not Applicable  75 Additional Fee required or • Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Direct  Title(s)  2  Name of Officers and/or Directors	Stre Offi	clions must list at least to eet Address of Each licer and/or Director se Post Office Box Num		City / Sta	ate / Zip	
P Iraklis Karabassis	3236 Pros	spect St.	N. W. Wa	shington,	DC 20007	
V Christos Karabassis	3236 Pros	spect St. 1	N. W.   Wa	shington,	DC 20007	
S Yasmine Karabassis	3236 Pros	spect St. 1	N. W. Wa	shington,	DC 20007	
D Iraklis Karabassis	3236 Pros	spect St. 1	N. W.   Wa	shington,	DC 20007	
D Christos Karabassis	3236 Pros	spect St. 1	N. W. Wa	shington,	DC 20007	
D Yasmine Karabassis 3236 Prospect 8. Name and Address of Current Registered Agent				shington, s of New Registered A		
NFAI SERVICES INC 526 E. PARK AVE TATAMASSEE, FI 3230	Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City					
0 1, being appointed the registered agent of the above name signature of legistered Agent REGISTER	ed corporation, am familiar with	h and ascept the obliga	pations of Section 607.	.0505, F.S 5-10-		
I1. This corporation owes the curre Intangible Personal Property Ta		Yes 🚾	□ No		e for information gi lile tax )	
<ol> <li>I certify that I am an officer or director or the receiver or tru this reinstatement application, the reason for dissolution ha owed by the corporation have been paid and the names of on this application is true and accurate, and my signature s</li> </ol>	as been eliminated, the corpor f individuals listed on this form	rate namé satisfies the n do not qualify for an e	e requirements of sect exemption under sect	500 607 0401 or 617 04	O ES that all took	

Iraklis Karabassis

202 3380725x10



## UNITED COLORS OF BENETTON.



May 24, 1999

Florida Department of State Division of Corporations P. O. Box 6327 Tallahassee, Fl 32314

Dear Reader:

On March 1, 1996 we took over BENEDADE, INC., BENESAWGRASS, INC. and BENESOUTHBEACH, INC. moving the office from 1101 Brickell Avenue. Suite 1103, Miami, Florida 33131 to 1200 Wisconsin Avenue, N. W. Washington D. C. 20007., in order to reduce expenses from these companies in financial difficulties.

During this transition we concentrate our efforts in paying existing liabilities, payroll and taxes, with the reluctant cooperation of the office employee that were aware of the future closing of the local Office.

We were not familiar with all the Florida laws, and we did not maintain on file with the Secretary of State the current addresses of these corporations, consequently, we did not file the required annual reports.

I am enclosing checks for \$665.00 plus the \$.8.75 additional fee required for a a Certificate of Status or the total of \$673.75 for each company, and requesting the abatement of any penalties that the omission of the annual report has caused.

Sincerely,

RENEDADE, INC., BENESAWGRASS, INC. AND BENESOUTHBEACH, INC.

Bergio Guerra Accountant

> TELEPHONE: (202) 333-9792 TELEX: 440579 BENE UI TELEFAX: (202) 337-6407