PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION () Sandra B. Mortham Secretary of State REINSTATEMENT FILED DIVISION OF CORPORATIONS DOCUMENT # P96000032147 98 JUN -2 AMIL: 08 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA BENART ENTERPRISES, INC. Principal Place of Business Mailing Address 2770 Indian River Blvd. 2770 Indian River Blvd. Vero Beach, FL 32960 Vero Beach, FL 32960 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified To Do Business in Florida 3. New Mailing Office Address, If Applicable 2. New Principal Office Address, If Applicable 04/08/96 Suite, Apt. #, etc. Suite, Apt #, etc. 5. FEI Number Applied For City & State City & State Not Applicable 65-0699474 \$8.75 Additional Fee required Country Zφ Country for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director. (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip 750 7th Terrace D Emerson, Ben D. Vero Beach, FL 32960 D Shadek, Arthur J. 688 Ocean Road Vero Beach, FL REINSTATE -06/05/98--01068--016 \*\*\*\*908.75 \*\*\*\*908.75 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Swanson, J.F. Arthur J. Shadek
Street Address (P.O. Box Number is Not Acceptable) 2770 Indian River Blvd. 688 Ocean Road Vero Beach, FL 32960 Suite, Apt. #, Etc. Vero Beach 32963 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 EGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for information No L on intangible tax.) Yes L Intangible Personal Property tax due June 30. 12. 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 filling 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arthur J. Shadek