

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 10/12

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2006 JUL 18 AM 11:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P 96000092020**

1. Corporation Name

**BEMAX, INC.**

2. Principal Office Address

**14631 SW 144 TERR**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33186**

Country

**USA**

3. Mailing Office Address

**14631 SW 144 TERR.**

Suite, Apt. #, etc.

City & State

**MIAMI, FL**

Zip

**33186**

Country

**USA**

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

**NOV. 6, 1996**

5. FEI Number

**65-0722702**

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

**JUAN CARLOS ROCHA**

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

**14631 SW 144 TERR**

Suite, Apt. #, Etc.

City

**MIAMI, FL**

State

**FL**

Zip Code

**33186**

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

**7/11/2006**

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
<b>P</b>	<b>JUAN CARLOS ROCHA</b>	<b>14631 SW 144 TERR</b>	<b>MIAMI, FL/33186</b>
<b>V</b>	<b>LESLIE E. ROCHA</b>	<b>14631 SW 144 TERR</b>	<b>MIAMI, FL/33186</b>

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 contained in Chapter 119, 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

**JUAN CARLOS ROCHA**

Date

**7/11/2006 3059711197**

Daytime Phone #

page 2 ✓

July 11, 2006

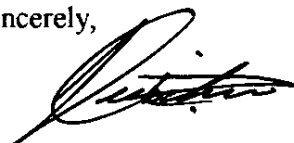
DEPARTMENT OF STATE  
Division of Corporations  
Clifton Building  
2662 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Please be advised that due to our address change, we did not receive the annual report notices since 2003. At this time we would like to pay our supplemental fees for each year, and reinstate our corporation. Please note our new address on our reinstatement form.

Thank you in advance for your time and attention.

Sincerely,



Juan Carlos Rocha  
President  
Bemax, Inc  
Doc. # P96000092020