

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **LT 638-34 P97000007104**

1. Corporation Name

BENDEK CELLULARS AND ACCESSORIES INTERNATIONAL Corp.

99 MAR 31 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**1912 NW 94 AVENUE
MIAMI, FL. 33172**

Mailing Address

**16437 SW 100 TERR.
MIAMI, FL. 33196**

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

Jan 24, 1997

Suite, Apt. #, etc

Suite, Apt. #, etc

5. FEI Number

65-0721319

Applied For

Not Applicable

City & State

City & State

6

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
P	ARTURO BENDEK JR.	16437 SW 100 TERR.	MIAMI, FL. 33196
VP	JORGE A. BENDECK	2025 SW 134 CT.	MIAMI, FL. 33175
T/S/M	LIANA Y. BENDEK	16437 SW 100 TERR.	MIAMI, FL. 33196

**900002832319-5
-04/07/99--01079--008
****900.00 ****900.00**

8. Name and Address of Current Registered Agent

**ARTURO BENDEK JR.
16437 SW 100 TERR.
MIAMI, FL. 33196**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date **03-5-99**

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

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 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:

Liana Y. Bendek - LIANA Y. BENDEK
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99
Date

305-436-1310
Daytime Phone #