

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 SEP 30 AM 9:52

DOCUMENT # 097000008059

1. Corporation Name  
Benitez and Benitez, Inc.

REINSTATEMENT 03

2. Principal Office Address  
2720 SW 100 CT.

3. Mailing Office Address  
2720 SW 100 CT.

600023417296  
09/30/03--01021--005 \*\*750.00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Miami, FL 33165

City & State  
Miami, FL 33165

4. Date Incorporated or Qualified  
To Do Business in Florida 02/1997

Zip Country  
33165 USA

Zip Country  
33165 USA

5. FEI Number 65-0725286  
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  
Eric Benitez  
Street Address (P.O. Box Number is Not Acceptable)  
9980 SW 26 Terr  
Suite, Apt. #, Etc.  
City  
Miami

State Zip Code  
FL 33165

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 [Signature]  
REGISTERED AGENT MUST SIGN

Date 09/26/03

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
V.P.	<u>Eric Benitez</u>	<u>9980 SW 26 Terr. Miami FL 33165</u>	<u>Miami FL 33165</u>
V.P.	<u>Enrique Benitez</u>	<u>2720 SW 100 CT</u>	<u>Miami FL 33165</u>

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 under section 119.07(3)(f), 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]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/26/03 305 227-0340  
Date Daytime Phone #

CR2E081 (10/02)

10/11  
20