

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

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

2. Principal Office Address <u>2720 SW 100 CT.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2720 SW 100 CT.</u> Suite, Apt. #, etc.	
City & State <u>Miami, FL 33165</u>		City & State <u>Miami, FL 33165</u>	
Zip <u>33165</u>	Country <u>USA</u>	Zip <u>33165</u>	Country <u>USA</u>

4. Date Incorporated or Qualified To Do Business in Florida <u>02/1997</u>	
5. FEI Number <u>65-0725286</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name <u>Eric Benitez</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>9980 SW 26 Terr</u>		
Suite, Apt. #, Etc.		
City <u>Miami</u>	State <u>FL</u>	Zip Code <u>33165</u>

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] Date 09/26/03
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
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] Date 9/26/03 305 227-0340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

10/11