PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 MAR 12 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000082296

1. Corporation Name

BENVENUTO REALTY, INC.

Principal Place of Business	Mailing Address
%MARVIN S. ROSEN 222 LAKEVIEW AVENUE STE. 800 WEST PALM BEACH FL 33401	%MARVIN S. ROSEN 222 LAKEVIEW AVENUE STE. 800 WEST PALM BEACH FL 33401

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

REINSTATEMENT 00-01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/22/1997 SP

5. FEI Number: 65-6237735 ☐ Applied For ☐ Not Applicable

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)

100003851451--8
-03/13/01--01120--003
****150.00 ****150.00

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
AS	ROSEN, MARVIN S	222 LAKEVIEW AVENUE STE. 800	WEST PALM BEACH FL 33401
D	BAXTER, CYNDEE	222 LAKEVIEW AVENUE STE. 800	WEST PALM BEACH FL 33401
~~P~~	~~WHITEFIELD, DAVID~~	~~PO BOX 1109 GT, MARY STREET~~	~~GEORGE TOWN, CAYMAN ISLANDS~~
P	~~[illegible]~~ STRAVSS, RICHARD	222 Lakeview Ave, Ste 800	West Palm Beach, FL 33401
			100003851451--8 -03/13/01--01120--004 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

CR2E040 (8/00)

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: SIGNATURE REQUIRED BRIAN COURTNEY, ASST V.P. Date: 3/6/01
REGISTERED AGENT MUST SIGN

11. 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: SIGNATURE REQUIRED 11/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #