

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 # P97000107344

1. Corporation Name

BENO INVESTMENT REALTY, INC.

Principal Place of Business

**333 41ST STREET SUITE 900
MIAMI BEACH FL 33140**

Mailing Address

**333 41ST STREET SUITE 900
MIAMI BEACH FL 33140**

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

2. New Principal Office Address, If Applicable 333 41st Street Suite, Apt. #, etc. Suite 900 City & State Miami Beach, FL Zip 33140 Country USA		3. New Mailing Office Address, If Applicable 333 41st Street Suite, Apt. #, etc. Suite 900 City & State Miami Beach, FL Zip 33140 Country USA	
--	--	--	--

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

12/23/1997

5. FEI Number

☒ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	DARDASHTI, DAVID	333 41ST STREET SUITE 900	MIAMI BEACH FL 33140
D	DARDASHTI, IRENE	333 41ST STREET SUITE 900	MIAMI BEACH FL 33140
D	Hillel Bronstein	16 W. 36 Street	NY, NY 10018
			600002766276--0
			-02/05/99--01093--016
			***900.00 ***900.00

8. Name and Address of Current Registered Agent

LEVEY, JEFFREY E
2665 SOUTH BAYSHORE DRIVE
SUITE 1004
COCONUT GROVE FL 33133

9. Name and Address of New Registered Agent

Name **David Dardashti**
Street Address (P.O. Box Number is Not Acceptable) **333 41st Street**
Suite, Apt. #, Etc. **Suite 900**
City **Miami Beach** State **FL** Zip Code **33140**

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 **2/1/99**

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)(l), 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

2/1/99 **305-531-6888**
Date Daytime Phone #

CR26MD (9/98)