

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

CORPORATION REINSTATEMENT

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

FILED

01 MAR -1 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 097000107344

1. Corporation Name

Beno Investment Realty, Inc.

2. Principal Office Address

3511 W. Commercial Blvd

Suite, Apt. #, etc.

Ste 307

City & State

Fort Lauderdale, FL

Zip

Country

33309

USA

3. Mailing Office Address

3511 W Commercial Blvd

Suite, Apt. #, etc.

Ste 307

City & State

Fort Lauderdale, FL

Zip

Country

33309

USA

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. Name and Address of Current Registered Agent

Name

David Dardashti

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

3511 West Commercial Boulevard

Suite, Apt. #, Etc.

Suite 307

City

Fort Lauderdale

State

FL

Zip Code

33309

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

REGISTERED AGENT MUST SIGN

Date 02/26/01

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
D	David Dardashti	3511 W. Commercial Blvd #307	Fort Lauderdale, FL 33309
D	Irene Dardashti	3511 W. Commercial Blvd #307	Fort Lauderdale, FL 33309

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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Dardashti

02/26/01

Date

954-714-8200

Daytime Phone #

FORM 1900