

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 99 OCT 22 PM 12: 51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P98000016367

1. Corporation Name

BENTEL CORPORATION

200003026772--G
 -10/27/99--01080--026
 ****750.00 ****750.00

REINSTATEMENT

Principal Place of Business Mailing Address
 12460 SW 8TH STREET, SUITE 102
 MIAMI, FL 33184

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		2/19/98	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0932471	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P/D	BENITO IRASTORZA	12460 SW 8TH STREET, #209	MIAMI, FL 33184
S/D	MADLINE IRASTORZA	12460 SW 8TH STREET, #209	MIAMI, FL 33184

200003026772--G
 -10/27/99--01080--027
 *****8.75 *****8.75

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
G. FRANK QUESADA, ESQ. 1313 PONCE DE LEON BLVD., SUITE 200 CORAL GABLES, FL 33134		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State	Zip Code
		FL		

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: *G. Frank Quesada* Date: 10/16/99
 REGISTERED AGENT MUST SIGN

11. This corporation owes 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)(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: *Benito Irastorza*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Benito Irastorza, Pres.
 Date: 10/16/99 (305) 409-7134
 Daytime Phone #

CR2001 (12/98)