

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 10 PM 4:30

DOCUMENT # P98000039346

1. Corporation Name

THE PROS FROM DOVER II, INC.

Principal Place of Business

C/O JOEL BENES
~~444 BRICKELL AVE. SUITE 800~~
MIAMI FL 33131

Mailing Address

C/O JOEL BENES
~~444 BRICKELL AVE. SUITE 800~~
MIAMI FL 33131



3/4/99 90255 007 150.00

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

2. New Principal Office Address, If Applicable

C/O Joel Benes
Suite, Apt. #, etc.
7785 NW 146 Street
City & State
Miami Lakes, FLA
Zip
33016 Country
USA

3. New Mailing Office Address, If Applicable

C/O Joel Benes
Suite, Apt. #, etc.
7785 NW 146 Street
City & State
Miami Lakes, FLA
Zip
33016 Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1998

5. FEI Number

65-0871903

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	4 City / State / Zip
P	MICHAEL WITKUS	1085 KAYE CONCOYAR BAY HARBOR FL 33454	BAH HARBOR FL 33154
V.P	STEVEN CURRAN	12996 W OXIE HWY.	N, MIAMI, FL 33161
S.T	JOEL BENES	21150 NE 20 AVE	N.M.B, FL 33179

8. Name and Address of Current Registered Agent

MARCUS, ALAN J
20803 BISCAYNE BLVD SUITE 301
AVENTURA FL 33180

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

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 10/28/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOEL BENES, SEC. - TRUST

Date

10/28/99

Daytime Phone #

AD
305-344-9945

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**THE PROS FROM DOVER II, INC.
7785 N.W. 146 Street
Miami Lakes, FL 33016**

October 29, 1999

Certified Mail #Z248-294-105

Florida Department of State
Division of Corporations
Annual Report / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Corporation Name: The Pros From Dover II, Inc.
FEI Number 65-0871903

Dear Sirs:

Enclosed please find our completed Application for Reinstatement. I am also enclosing a copy of our canceled check #1080 in the amount of \$150.00 as proof of payment of the Annual Fee. Please note that we have moved and therefore did not receive any information you forwarded to us regarding the incomplete 1999 Annual Report. Please correct your records to reflect our new address as:

The Pros From Dover II, Inc.
c/o Joel Benes
7785 N.W. 146 Street
Miami Lakes, FL 33016
Phone (305)364-9945
Fax (305)364-9980

If you should need any further information to process this reinstatement, please contact us at the above number. Thank you very much for your assistance in this matter.

Sincerely,
THE PROS FROM DOVER II, INC.


Joel Benes
Secretary/Treasurer

JB/kk