




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000040542			
1. Corporation Name B.E.N. INTERNATIONAL, INC.			
Principal Place of Business 330 NW 190TH STREET MIAMI FL 33169		Mailing Address 330 NW 190TH STREET MIAMI FL 33169	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable 7949 Venetian St. Miramar, Florida 33023 USA	
		4. Date of Incorporation or Qualified to Do Business in Florida 05/05/1998	
		5. FEI Number 65-0834677	
		6. CERTIFICATE OF STATUS DESIRED <input 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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PTD	KERR, CHRISTOPHER	330 NW 190TH STREET	MIAMI FL 33169
SVD	KERR, BARRINGTON	330 NW 190TH STREET	MIAMI FL 33169
			900003070699--9 -12/15/99--01026--003 ****500.00 ****500.00
			900003070699--9 -12/15/99--01026--004 ****250.00 ****250.00
8. Name and Address of Current Registered Agent KERR, BARRINGTON 330 NW 190TH STREET MIAMI FL 33169		9. Name and Address of New Registered Agent 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  REQUIRED Date 11-15-99 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:  REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11-15-99 (954)894-2609 Date Daytime Phone #	