

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 26 AM 8:44

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P48000040542

1. Corporation Name

B.E.N. International Inc.

2. Principal Office Address - No P.O. Box #

11662 Sunrise View Ln

Suite, Apt. #, etc.

3. Mailing Office Address

11662 Sunrise View Ln

Suite, Apt. #, etc.

City & State

Wellington, FL

Zip

33467

Country

USA

City & State

Wellington, FL

Zip

33467

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1998

5. FEI Number

650834677

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 CHRISTOPHER KERR

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

11662 Sunrise View Lane

Suite, Apt. #, Etc.

City

Wellington

State

FL

Zip Code

33467

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

X

REGISTERED AGENT MUST SIGN

Date 6-21-07

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
P	Christopher Kerr	11662 Sunrise View Lane	Wellington, FL 33467
			900104861909 06/26/07--01025--014 **1050.00
VP	Esmie Kerr	11662 Sunrise View Lane	Wellington, FL 33467

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 contained in Chapter 119, 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:

Christopher Kerr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-21-07

Date

561-333-9218

Daytime Phone #