

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

098000049383

1. Corporation Name

BEN-TERA, INC.

2. Principal Office Address

2710 Pebble Beach Dr.

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

USA

3. Mailing Office Address

2710 Pebble Beach Dr.

Suite, Apt. #, etc.

City & State

Navarre, FL

Zip

32566

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-353001

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

Wolfgang Mueller

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

2710 Pebble Beach Drive

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

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

[Signature]

REGISTERED AGENT MUST SIGN

Date Dec. 29, 2000

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
--Pr--	Wolfgang Mueller	2710 Pebble Beach Drive	Navarre, FL 32566

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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wolfgang Mueller

December 29, 2000 850/936-1307

Date

Daytime Phone #

CR2E081 (9/99)