

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 25 PM 1:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000017192

1. Corporation Name

J & D Bendezu Corporation

2. Principal Office Address

2017 SE 8th Avenue

Suite, Apt. #, etc.

City & State

Cape Coral

Zip

33990

Country

USA

3. Mailing Office Address

same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

02/22/1999

5. FEI Number

65-0904570

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

Luz A. Bendezu

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

2017 SE 8th Avenue

Suite, Apt. #, Etc.

City

Cape Coral

State
FL

Zip Code
33990

REINSTATEMENT 00-0178

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

Luz A. Bendezu
REGISTERED AGENT MUST SIGN

Date 1/24/2001

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	Luz A. Bendezu	2017 SE 8th Avenue	Cape Coral, FL 33990
VP	Manny A. Bendezu	2017 SE 8th Avenue	Cape Coral, FL 33990

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.

SIGNATURE:

Luz A. Bendezu
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/2001

Date

941-458-4273

Daytime Phone #

CR2E081 (9/00)