

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAR -6 PM 12:28

DOCUMENT # P99000021833

1. Corporation Name

Greco Benitez, Inc.

2. Principal Office Address

8874 BW 111th Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

8874 NW 111th Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida 33018

Zip

33018

Country

USA

City & State

Miami, Florida 33018

Zip

33018

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

3/9/1999

5. FEI Number

65-0903357

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

Harry Tempkins, Esquire

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

420 Lincoln Road

Suite, Apt. #, Etc.

Suite 244

City

Miami Beach

State

FL

Zip Code

33139

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

H. Tempkins

REGISTERED AGENT MUST SIGN

Date

3/5/02

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
Pres. Dir.	Arlene Hernandez	8874 NW 111th Terrace	Miami, Florida 33018
Sec.	Greco Benitez	15242 SW 138th Court	Miami, Florida 33177

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:

Arlene Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/5/02

Daytime Phone #

305 710 5826

CR2E081 (9/01)