

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

02 NOV '21 PM 4:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000099027**

1. Corporation Name

BENEDICT ENTERPRISES, INC.

Principal Place of Business

2617 OLD DIXIE HIGHWAY
RIVIERA BEACH FL 33404

Mailing Address

2617 OLD DIXIE HIGHWAY
RIVIERA BEACH FL 33404



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

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/09/1999

5. FEI Number

65-0960651

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MALI, KHETAM	2617 OLD DIXIE HIGHWAY	RIVIERA BEACH FL 33404

9000009150189
11/21/02 01086-014 **150.00

8. Name and Address of Current Registered Agent

MALI, KHETAM
2617 OLD DIXIE HIGHWAY
RIVIERA BEACH FL 33404

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/17/2002

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:

[Signature]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/2002 561840-1556

CR2E040 (8/02)

November 18th., 2002

Department o State
Division of Corporations
P. O. Box 6327
Tallahassee, fl 32314

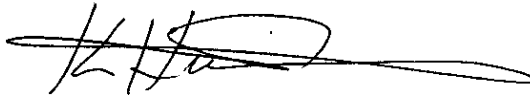
Gentlemen:

We did not received the first notice for the payment of the Annual Report nor
the second notice and as per our telephone conversation and your instructions
we are sending our check No 3350 for \$150.00 to cover the normal payment
for the report

Sincerely,

Benedict Enterprises, Inc

Khetam Mali
President



11/18/2002