

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 MAR 11 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S12004**

1. Corporation Name
BENU SERVICE CO.

Principal Place of Business
223 S PARRAMORE AVE
ORLANDO FL 32805
US

Mailing Address
223 S PARRAMORE AVE
ORLANDO FL 32805
US

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

11/08/1990

5. FEI Number

59-3034927

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	HAGE, THOMAS M., SR.	4844 PAT ANN TR.	ORLANDO FL 32808
VP	BERHAM, WILLIAM	217 S PARRAMORE AVE 408	ORLANDO FL
VP	HAGE John P	4844 PAT ANN TR	ORLANDO, FL 32808
			600002455936--5 -03/12/98--01103--016 ***1050.00 ***1050.00
			REINSTATEMENT 96-98 3-11-98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HAGE, THOMAS M., SR.
4844 PAT ANN TR.
ORLANDO FL 32808

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.

Signature of
Registered Agent

Thomas M Hage Sr.
REGISTERED AGENT MUST SIGN

Date 03/03/98

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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:

Thomas M Hage Sr. THOMAS M HAGE SR

Date

03/03/98

Daytime Phone #

407-
423-1040

CFR2040 (7/96)