| PLEASE READ A | ALL INSTRUCTIONS | BEFORE C | COMPLETING THIS FORMYEU | |
|---|--|---|---|--|
| ACLICATION FE REINSTAUMEN | FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO | ENT OF STATE ortham State | FILED 98 NOV 18 PM 2: 21 | |
| DOCUMENT # V61938 1. Corporation Name | | | SECRETARY OF STATE FALLAHASSEE, FLORIDA | |
| B & L BENEWAY, INC. | | | | |
| Principal Place of Business Mailing Address | | | | |
| 65 OVERSEAS HIGHWAY ARATHON FL 33050 S US 1865 OVERSEAS HIGHWAY MARATHON FL 33050 US | | | | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Maiting Office Address, If Applicable | | | A Data has provided as Qualified | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | Date Incorporated or Qualified To Do Business in Florida 09/04/1992 | |
| City & State | City & State | | 5. FEI Number Applied For Not Applicable | |
| Zip Country | Zip Country | | 6. \$8.75 Additional Fee reculired | |
| 7. Names and Street Addresses of Each Officer and/o | or Director (Florida poporofit corpo | rations must list at loa | 12 12 12 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13 | |
| Title(s) Name of Officers and/or Directors | | treet Address of Each officer and/or Director se Post Office Box Nu | | |
| | | - | | |
| D BENEWAY, CHARLES P.O. BOX 355 N/A | | I/A | SUGARLOAF SHORES FL | |
| | | | 8000026949489 -11/24/9801020024 ****150.00 ****150.00 | |
| | | | M Wa | |
| 8. Name and Address of Current R | Registered Agent | T | 9. Name and Address of New Registered Agent | |
| Name | | | Tools of the control | |
| DEPACE, GERALD P. 1865 OVERSEAS HWY | | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | Suite, Apt. #, Etc. | Suite, Apt. #, Etc. | |
| | | City | State Zip Code | |
| 10. I, being appointed the season name of comporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Pagent REGISTERED AGENT MUST SIGN | | | | |
| 11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR 11/13/98 (305-343-4894) Date Daytime Phone # | | | | |

B & L Beneway, Inc. 1865 Overseas Highway Marathon, FL 33050 (305) 743-4394 Phone * 743-4294 Fax

November 13, 1998

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

RE: Dissolution or Revocation

To Whom It May Concern:

This letter is a written request to waive any late fee/fee's that may apply to this particular document. We had not received the first notice that the State of Florida had sent, and regrettably, we are submitting this document to you now.

Please accept this application and the enclosed check for \$150,00 to reinstate this corporation to an "active" status as it was.

If you have any questions at all please feel free to call at the above captioned number.

Sincerely

Charles Beneway

resident