

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 NOV -7 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100003464901--1
-11/15/00--01101--013
****750.00 ****750.00

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida 10-19-1992

5. FEI Number 65-0025949 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

DOCUMENT # V72070
1. Corporation Name **O. BENITEZ & Associates Inc.**

| | | | |
|--|------------------------|--|------------------------|
| 2. Principal Office Address 7905 SW 161 ST | | 3. Mailing Office Address 7905 SW 161 ST | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Mia, FL | | City & State MIAMI, FL | |
| Zip 33157 | Country Dade | Zip 33157 | Country Dade |

7. Name and Address of Current Registered Agent

| |
|---|
| Name Oscar S. Benitez |
| Street Address (P.O. Box Number is Not Acceptable) 7905 SW 161 ST |
| Suite, Apt. #, Etc. |
| City MIAMI |
| State FL |
| Zip Code 33157 |

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 Date **11-4-00**

REGISTERED AGENT MUST SIGN

8. 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 | Daisy M. Benitez | 7905 SW 161 ST | MIAMI, FL 33157 |
| S | Oscar S. Benitez | 7905 SW 161 ST | MIAMI, FL 33157 |
| T | Oscar M. Benitez | 7905 SW 161 ST | MIAMI, FL 33157 |
| | | | |
| | | | |

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: Date **11-4-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #