


H08000279045 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA  08 DEC 23 PM 4:40  <b>REINSTATEMENT 06-08KS</b>	
DOCUMENT # J91923 1. Corporation Name Benner & Associates, Inc.					
2. Principal Office Address - No P.O. Box # 1010 Murry Ridge Lane Suite, Apt. #, etc.		3. Mailing Office Address 1010 Murry Ridge Lane Suite, Apt. #, etc.			
City & State Murrysville, PA		City & State Murrysville, PA			
Zip 15668	Country USA	Zip 15668	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 09/10/1987 5. FEI Number 59-2B39067 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> SS 75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc.				<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
City Tallahassee		State FL	Zip Code 32301	8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0500 or 617.0600, F.S. Signature of Registered Agent <i>John H. Pelletier</i> JOHN H. PELLETIER Date 12/23/08 REGISTERED AGENT MUST SIGN, VICE PRESIDENT	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
D/S	Joseph E. Innamorati	3000 Minuteman Road, Bldg1		Andover, MA 01810	
D	Pamela L. Dunlap	3000 Minuteman Road		Andover, MA 01810	
P	Donald J. Spence	1010 Murry Ridge Lane		Murrysville, PA 15668	
VP/T	Daniel J. Bevevino	1010 Murry Ridge Lane		Murrysville, PA 15668	
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 contained in Chapter 119, 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: <i>Daniel J. Bevevino</i>		Daniel J. Bevevino		724-387-5235	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Phone</small>	

H08000279045 3

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000279045 3)))



H080002790453ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6384

From:

Account Name : CORPORATION SERVICE COMPANY  
Account Number : I20000000195  
Phone : (850) 521-1000  
Fax Number : (850) 558-1575

CORPORATION REINSTATEMENT

BENNER & ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$1,050.00</del>

#450.00

Electronic Filing Menu

Corporate Filing Menu

Help