PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2000 UBZ

APPLICATION FOR REINSTATEMENT

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

1082

FILED
00 OCT 16 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061254

1. Corporation Name

BENCHMARK FINANCIAL SERVICES, INC.

Principal Place of Business	Mailing Address
2856 NE 32ND STREET LIGHTHOUSE POINT FL 33064	2856 NE 32ND STREET LIGHTHOUSE POINT FL 33064

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 Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 07/09/1999

5. FEI Number: 65-0945318 ☐ 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	SIEDLE, EDWARD	2856 NE 32ND STREET	LIGHTHOUSE POINT FL 33064
			500003441545--0 -10/27/00--01012--001 *****150.00 *****150.00
			LS

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SIEDLE, EDWARD 2856 NE 32ND STREET LIGHTHOUSE POINT FL 33064	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: SIGNATURE REQUIRED — Date: 10/15/00

REGISTERED AGENT MUST SIGN

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 REQUIRED — 10/13/00 — 9547846287

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

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Benchmark
Financial Services, Inc.

EDWARD A. H. SIEDLE, Esq.
President

Dear Sir or Madam:

We never received any notice of annual reports/uniform business reports informing us of any pending dissolution of this corporation. If two notices were sent to the address of record, evidently the U.S. Postal Service lost them. Accordingly, as suggested by your office, enclosed please find a check for $150.00, the normal filing fee. If you have any questions about this matter, please feel free to call me at (954) 784-6282. Thank you for your assistance.

Very Truly Yours,

2856 Northeast 32nd Street • Lighthouse Point, Florida 33064 • Phone: (954) 784-6282 • Fax: (954) 784-6028 • Email: esiedle@aol.com