

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 NOV 30 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 418254

1. Corporation Name

H. ALLEN BENOWITZ AND ASSOCIATES, INC.

2. Principal Office Address

19 West Flagler Street

Suite, Apt. #, etc.

Suite 1020

City & State

Miami, Florida

Zip

33130

Country

USA

3. Mailing Office Address

19 West Flagler Street

Suite, Apt. #, etc.

Suite 1020

City & State

Miami, Florida

Zip

33130

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

2/15/1973

5. FEI Number

591431197

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Veritext/Florida Reporting Co., LLC

Street Address (P.O. Box Number is Not Acceptable)

19 West Flagler Street

Suite, Apt. #, Etc.

Suite 1020

City

Miami

State
FL

Zip Code
33130

8. 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

Michael F. Sandler
REGISTERED AGENT MUST SIGN

Date 11-18-04

9. 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
PT	Michael F. Sandler	25 B Vreeland Road	Florham Park, NJ 07932
S	Nancy Josephs	25 B Vreeland Road	Florham Park, NJ 07932

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12/02/04--01048--015 **1650.00

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 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 OR DIRECTOR

Date

Daytime Phone #

1-18-04

973-410-4034

CP25081 (01/04)