


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 SEP 30 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name L09000021552 BENCHMARK REALTY GROUP, LLC.					
2. Principal Office Address - No P.O. Box # 14 NE 1ST AVENUE		3. Mailing Office Address 14 NE 1ST AVENUE		4. State/Country of Formation Florida	
Suite, Apt. #, etc. 2ND FLOOR		Suite, Apt. #, etc. 2ND FLOOR		5. Date Organized or Qualified To Do Business in Florida 11/08/2012	
City & State MIAMI, FL		City & State Miami, FL		6. FEI Number 900459741	
Zip 33132	Country USA	Zip 33132	Country USA	Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status					
8. Name and Address of Current Registered Agent					
Name THOMAS SHERMAN					
Street Address (P.O. Box Number is Not Acceptable) 90 ALMERIA AVE					
Suite, Apt. #, Etc.					
City CORAL GABLES		State FL	Zip Code 33134	000264832300 09/30/14--01026--025 **238 75	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent _____				Date <u>9/17/14</u>	
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
MGR	GRI HOLDINGS, INC.	14 NE 1ST AVENUE, 2ND FLOOR	Miami, FL 33132		
MGR	JEREMY GREEN	14 NE 1ST AVENUE, 2ND FLOOR	MIAMI, FL 33132		
11. E-mail Address: RPM@BENCHMARKRG.COM (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.					
Signature of Authorized Representative/Manager _____				Date _____ Daytime Phone # _____	
Typed or printed name of signing Authorized Representative/Manager JEREMY GREEN					

Rg 10/1/14