

L 98000002578

APPLICATION FOR  
REINSTATEMENT OF  
LIMITED LIABILITY COMPANY  
FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
Secretary of State  
Division of Corporations

FILED

00 FEB 21 AM 10:25

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L98000002578**  
BENCHMARK CAPITAL VENTURES, LLC  
818 NE THIRD ST  
OCALA, FL 34470

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1a. Principal Place of Business Address  
639 ALAMANDA CT  
INDIALANTIC, FL 32903

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business 639 ALAMANDA CT Suite, Apt. #, etc.		2a. Mailing Address Suite, Apt. #, etc.		3. Date Organized or Qualified 11/5/98		3a. State of Formation FLORIDA	
City & State INDIALANTIC, FL		City & State		4. FEI Number 36-4254060		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip 32903	Country USA	Zip	Country	5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$9.75 Additional Fee Required	

7. Name and Address of Current Registered Agent FRANK SPEIGHT SPEIGHT & ASSOCIATES, INC 818 NE 3RD ST OCALA, FL 34470		8. Name and Address of New Registered Agent Name RICHARD GOULDING Street Address (P.O. Box Number is Not Acceptable) 639 ALAMANDA CT Suite, Apt. #, etc. City INDIALANTIC FL Zip Code 32903	
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *R. E. Galt* Date 2-1-00  
REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MBR	KULDARSHAN PADDA	1901 N. CLOYBOURN, 4TH FL	CHICAGO, IL 60614
MBR	JOSEPH ROSIN	555 SKOKIE BLVD, # 350	NORTHBROOK, IL 60062

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\*\*\*\*200.00 \*\*\*\*200.00

REINSTATEMENT 99-00  
OR

11. I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager *K. Padma* Date 2-10-2000 Daytime Phone # 773.525.0939  
Typed or printed name of signing Managing Member/Manager KULDARSHAN PADDA