PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JAN 13 PM 3:10

REINSTATEMENT 99-00

DOCUMENT # N96000006460

1. Corporation Name
Benchmark Glen Homeowners Association, Inc.

2. Principal Office Address	3. Mailing Office Address
1533 Osceola Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, Fl	City & State
Zip: 32204 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 12/18/96

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $6.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Kenyon S. Atlee

Street Address (P.O. Box Number is Not Acceptable): 1533 Osceola Street

Suite, Apt. #, Etc.:

City: Jacksonville State: FL Zip Code: 32204

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: Kenyon S Atlee REGISTERED AGENT MUST SIGN Date: 1/12/2000

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
D, P	Kenyon S. Atlee	1533 Osceola Street	Jacksonville, FL 32204
D	Dale K. Crisp	1533 Osceola Street	Jacksonville, FL 32204
D,VP,S,T	Jeanne Eisenstein	1533 Osceola Street	Jacksonville, FL 32204

1/13/00

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: Kenyon S Atlee 1/13/2000 904 384 6964
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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CORPORATION REINSTATEMENT

BENCHMARK GLEN HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
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