

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 MAY 20 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PO1000025665**

1. Corporation Name
THE BENCHMARK COMPANIES, INC.

2. Principal Office Address
2815 Day Avenue

3. Mailing Office Address
2815 Day Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33133

Country
U.S.A.

Zip
33133

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida **3/12/2001**

5. FEI Number
65-1086080

☒ 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
Michael B. Walker, Esquire

Street Address (P.O. Box Number is Not Acceptable)
One S.E. Third Avenue

Suite, Apt. #, Etc.
SunTrust International Center - Suite 1700

City
Miami

State Zip Code
FL 33131

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 B Walker

Date **5/5/05**

REGISTERED AGENT MUST SIGN

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	Jamie Gross	2815 Day Avenue	Miami, FL 33133
			500054922235 05/20/05--01056--011 **600.00

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:

JAMES M. GROSS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES M. GROSS

Date

5/17/05

Daytime Phone #

(305)479-3582

CR2ED081 (01/05)

May 5, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Reinstatement of The Benchmarke Companies, Inc.

To Whom It May Concern:


Please find enclosed herewith the Corporation Reinstatement Form together with my check in the sum of \$600.00 payable to Florida Department of State representing the fee for said reinstatement.

Please be advised that I never received the renewal notifications. Therefore, I am requesting herewith that the \$600.00 penalty be waived and that said company be reinstated.

Thank you for your attention to this matter.

Very truly yours,

The Benchmarke Companies, Inc.



Jamie Gross, Director

:JG

Enclosures