

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # P01000031364

1. Corporation Name

CRYSTAL LAKES BENSCH, INC.

03 OCT 21 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4910 S.W. 201 TERRACE
FORT LAUDERDALE FL 33332

Mailing Address

4910 S.W. 201 TERRACE
FORT LAUDERDALE FL 33332

KA

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/27/2001

5. FEI Number

65-1092711

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	C. SCOTT BENSCH	4910 S.W. 201 TERRACE	FORT LAUDERDALE FL 33332

000023969010
10/21/03--01057--020 **758.75

8. Name and Address of Current Registered Agent

FINK, BRIAN L ESQ.
1700 ALFRED I. DUPONT BUILDING
169 EAST FLAGLER STREET
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

C.S. BENSCH, INC.

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

10400 GRIFFIN RD

Suite, Apt. #, Etc.

104

Cooper City FL

State

FL

Zip Code

33328

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

C. S. Bensch

REGISTERED AGENT MUST SIGN

Date

10/17/03

11. 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:

C. S. Bensch
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/03

Daytime Phone #

954-680-1544

CR2E040 (7/03)