
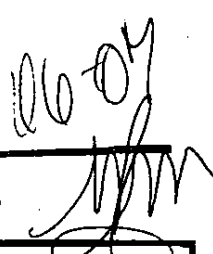
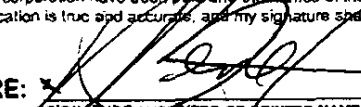
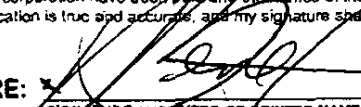


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> FILED 07 DEC -4 AM 9:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>																									
DOCUMENT # P01000034473																													
1. Corporation Name BENEJAM INSURANCE CONSULTANTS GROUP INC																													
2. Principal Office Address - No P.O. Box # 3312 GRIFFIN RD <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 3312 GRIFFIN RD <small>Suite, Apt. #, etc.</small>		REINSTATEMENT CR2E081 (1/07) 																									
City & State FT LAUDERDALE		City & State FT LAUDERDALE, FL																											
Zip FL	Country USA	Zip 33312	Country USA																										
4. Date Incorporated or Qualified To Do Business in Florida 04/02/2001		5. FEI Number 65-1092750																											
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status				<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																									
7. Name and Address of Current Registered Agent Name: MERCEDES E BENEJAM Street Address (P.O. Box Number is Not Acceptable) 3312 GRIFFIN RD Suite, Apt. #, Etc. City: FT LAUDERDALE State: FL Zip Code: 33312																													
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:  Date: 12/03/2007 REGISTERED AGENT MUST SIGN																													
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>IGNACIO J SUAREZ-BENEJAM</td> <td>1181 NW 107 AVE</td> <td>PLANTATION, FL 33322</td> </tr> <tr> <td>PS</td> <td>MERCEDES E BENEJAM</td> <td>1181 NW 107 AVE</td> <td>PLANTATION, FL 33322</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	IGNACIO J SUAREZ-BENEJAM	1181 NW 107 AVE	PLANTATION, FL 33322	PS	MERCEDES E BENEJAM	1181 NW 107 AVE	PLANTATION, FL 33322												
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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 contained in Chapter 119, 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: 		mercedes Benejam		12/03/2007																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																									
				954-962-9734																									