

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR -4 AM 8:00

DOCUMENT # P01000048840

1. Corporation Name

The Bench Dog, Inc.

REINSTATEMENT

03-04
MRS

2. Principal Office Address

9533 NW 42nd Avenue

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sunrise, Florida

City & State

same

Zip

33351

Country

USA

Zip

33351

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 5/16/2001

5. FEI Number

65-1105791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400029861034

03/04/04--01007--023 **758.75

7. Name and Address of Current Registered Agent

Name

Jean Mastandrea

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

9533 NW 42 nd Street

Suite, Apt. #, Etc.

City

Sunrise

State
FL

Zip Code
33351

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

X

REGISTERED AGENT MUST SIGN

Date February 19, 2004

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
Pres	Jean Mastandrea	9533 NW 42 nd Street	Sunrise, Florida 33351
VP	Jean Mastandrea	same	same
S	Jean Mastandrea	same	same
T	Jean Mastandrea	same	same

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: X

Jean Mastandrea

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 19, 2004

Date

754 214 7288

Daytime Phone #

CR2E081 10/1/04