PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

P02000002366 **DOCUMENT #**

1. Corporation Name

BENCHMARK FLORIDA MORTGAGE CORP.

Principal Place of Business

SIGNATURE: X2

Mailing Address

5651 NAPLES BLVD

5651 NAPLES RIVO

on this application is true and accurate, and my signature shall have the same legal offect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

03 NOV 12 API 10: 19

SECHETARY OF STATE TALLAHASSEE FLORIDA

16 -17-03 Date

Daytime Phone #

				APLES FL 34109								
						R	EINST		nen _			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.												
		Address, If Applicable	ing Office Address, If Applicable			Date Incorporated or Qualified						
9/30 Gallera Count 9/30 G. Suite, Apt. #, etc. Suite, Apt. #,				Hera Court			To Do Business in Florida 01/08/2002					
						ŀ						
304·B -301				<i>-B</i>			5. FEI Number Applied For					
City & State Naples, FL			City & State	Voples FL			/4-/860/37 Not Applicable					
Zip	34109	Country USA	Zip 3410	,	Country USA		CERTIFICATE	OF STATUS DES		5 Additional Fee required ir a Certificate of Status		
7. Names a	and Street Ad	Idresses of Each Officer and	or Director (Flo	rida nonpro	fit corporations must list at	t leas	t 3 directors)		~~~			
Title(s)	2	Name of Officers and/or Directors		3	Street Address of E Officer and/or Direct			4	City / Sta	te / Zip		
D	PASTOOR, GEORGE			4280 TAMIAMI TRAIL E., STE. 302				NAPLES FL 34112				
					100024578921 11/12/0301009016 **150.00							
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	<u>:</u> 				<u> </u>							
	9 Non	and Address of Current	Pagistared Age				G. Name and A	ddroog of Nov	Pagistared A			
8. Name and Address of Current Registered Agen					t 9. Name and Address of New Registered Agent Name					gent		
MCELRATH, DAVID PA 3838 TAMIAMI TRAIL N., #410					Street Address (P.O. Box No. / 395 Pouther			ber is Not Acceptable)				
NAPLES FL 34103					Suite, Apt. #, Etc.							
					City No.	/e	\$		State FL	Zip Code 34/09		
Signature of	f	e registered agent of the abo	eve named corpo	eration, am f	familiar with and accept the	e obli	igations of Secti					
Registered /	Agent	PRE BE	GISTERED AG	ENT MUST	SIGN			Date	0/.7/0:	<u> </u>		
11. I certify this reins	that I am an o	officer or director or the receival	ver or trustee en	powered to	execute this application a	as pro	ovided for in cha	pter 607 or 617,	F.S. I further o	certify that when filing		
		ion have been paid and the r										



1395 Panther Lane Suite 300 www.quarles.com

Attorneys at Law in: Phoenix and Tucson, Arizona

Kevin-R. Lottes

Direct Dial: 239-659-5049

Direct Fax: 239-213-5413 E-Mail: klottes@quarles.com Board Certified Real Estate Attorney

November 6, 2003

VIA U.S. MAIL

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

Benchmark Florida Mortgage Corp.

To Whom It May Concern:

The undersigned, Kevin R. Lottes, is attorney and registered agent for Benchmark Florida Mortgage Corp., FEIN 14-1860137. On September 19, 2003, Benchmark Florida Mortgage Corp. was administratively dissolved for failure to file an annual report. Enclosed please find a check in the amount of \$150.00 and a completed Petition for Reinstatement.

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This letter is also to serve as a declaration that the annual report was never received, and accordingly, pursuant to Division of Corporation policy, the reinstatement fee of \$600.00 should be waived.

Please contact me if I can address any further questions.

Sincerely,

QUARLES & BRADYILP

Kevin R. Lottes

EJS:ejs **Enclosures**