

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 30 AM 11:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT <i>2004 ANNUAL REPORT</i>				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>P-02000107956</i>					
1. Corporation Name BENJAMIN APT. COMPANY					
2. Principal Office Address 9900 Stirling Road Suite, Apt. #, etc. 226 City & State Cooper City FL Zip 33024 Country USA			3. Mailing Office Address 9900 Stirling Road Suite, Apt. #, etc. 226 City & State Cooper City FL Zip 33024 Country USA		

4. Date Incorporated or Qualified To Do Business in Florida 10/03/2002	
5. FEI Number 01-0752660	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Joseph Machini			
Street Address (P.O. Box Number is Not Acceptable) 9900 Stirling Road			
Suite, Apt. #, Etc. 226			
City Cooper City		State FL	Zip Code 33024

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 _____
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	Machini, Joseph	9900 Stirling Road, Apt. 226	Cooper City FL 33024

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)(l), 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:

Joseph Machini
AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/04

CR2E081 (10/02)

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AICPA MEMBER

NHSCPA MEMBER

ALAN N. RAZLA, PA.

(954) 983 - 9394 Tel
(954) 983 - 6799 Fax

E-mail: wwwcpa@netzero.net

Florida Office:

ALAN N. RAZLA, PA
3218 Stirling Road
Hollywood, Florida
33021

NH Office

ALAN N. RAZLA, CPA
Certified Public Accountant
26 South Main St. Suite 521
Concord, NH 03301

B"H

July 6, 2004

RE: Benjamin Apt. Company
P02000107956

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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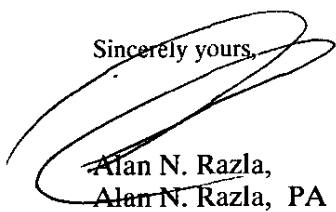
FILED

Dear Sir or Madam:

Enclosed is a completed Corporation Reinstatement Form for the above Company. Please be advised that neither our office, or our client's office, or the registered agents office did not receive the pre-printed annual report in the mail for 2004. In fact this report was prepared by our office on behalf of the client from information derived from the internet site. Our clients were notified by their bank that their Company is "Not Active". They immediately contacted our office to prepare the following.

We ask that you please accept this application and waive the late penalty. I thank you in advance. Enclosed is the annual fee for the above years of \$150.

Sincerely yours,


Alan N. Razla,
Alan N. Razla, PA

anr:dn

Enclosure: