


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # P03000034974		
1. Entity Name BENTLEY MEDICAL INTERNATIONAL CORP.		

FILED  
2007 MAR 19 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <del>1440 SW 93RD TERRACE</del> 3434 Garden Ave MIAMI, FL 33186	Mailing Address <del>1440 SW 93RD TERRACE</del> (same) MIAMI, FL 33186 33140
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03142007 REIN-P CR2E098 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MARIN, MARIA A <del>1440 SW 93RD TERRACE</del> 3434 Garden Ave MIAMI, FL 33186		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARIN, MARIA A <del>1440 SW 93RD TERRACE</del> 3434 Garden Ave MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	200095164752 03/28/07--01036--027 **300.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 06-07	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: xm. alex  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

1750272

March 14, 2007

Division of Corporation  
PO Box 6327  
Tallahassee Fl 32314

Re: Bentley Medical International Corp  
3399 NW 72 AVE #205B  
Miami Fl 33122-1357

To Whom It May Concern:

With this letter I would like to request abatement of all penalties on the above expressed account. That addresses was correct at one time and I did not received them. For this reason I am changing the address so that this does not happen again. I have a small business and this kind of penalty would produce undue hardship. Thanking you in advance for your cooperation

Sincerely

A handwritten signature in dark ink, appearing to read 'Maria A. Marin', followed by a long horizontal line.

Maria A. Marin