

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY 13 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000074609

1. Corporation Name

Eric Bender P.A.

100128364321
05/05/08--01018--005 **450.00

REINSTATEMENT 05-08

2. Principal Office Address - No P.O. Box #

24 Country Lake Circle

Suite, Apt. #, etc.

3. Mailing Office Address

24 Country Lake Circle

Suite, Apt. #, etc.

City & State

Boynton Beach Florida

City & State

Boynton Beach Florida

Zip Country

33436 Palm Beach

Zip Country

33436 Palm Beach

**4. Date Incorporated or Qualified
To Do Business in Florida**

05/07/2004

5. FEI Number

20-1104352

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Eric Bender

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

24 Country Lake Circle

Suite, Apt. #, Etc.

City
Boynton Beach

State Zip Code
FL 33436

☒ 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.

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 4/29/08

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
	Eric Bender - President	24 Country Lake Circle	Boynton Beach, FL 33436

100128364321
06/05/08--01028--007 **150.00

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:

Eric Bender

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/08

Daytime Phone #

561-703-1935