

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SUBMIT
DIVISION

10 JUL -8 PM 12:36

DOCUMENT #

1. Corporation Name

P05000015613
BENCHMARK CENTRAL APPRAISAL SERVICES, INC.

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

1521 NW 11th St.

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

Country

33486

U.S.

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2005

5. FEI Number

20-2263318

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

Lisa Merring

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

1521 NW 11th Street

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

☒ 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

Lisa

REGISTERED AGENT MUST SIGN

Date 4/2/10

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.	Lisa Merring	1521 NW 11th St	Boca Raton, FL 33486
VP	Mark Merring	same	same

REINSTATEMENT

09-10
7/11/10

10. E-mail Address: lisamerring@hotmail.com

(To be used for future annual report notification)

11. 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. I further certify, 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:

Lisa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/10

Date

561-504-3025

Daytime Phone #