

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 MAR 12 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000127881

1. Limited Liability Company's Name

BENJAMIN MARKETING INC.

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

3360 Spanish Moss

Suite, Apt. #, etc.

3. Mailing Office Address

3853 SW 170 TERR.

Suite, Apt. #, etc.

City & State

Lauderhill FL 33319

City & State

MIRAMAR

Zip

33319

Country

U.S.A.

Zip

33027

Country

U.S.A.

700120116677
03/12/08--01034--012 **455.00

REINSTATEMENT 06-08

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/16/2005

6. FEI Number

203687439

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MARK BENJAMIN

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

3853 SW 170 TERR.

Suite, Apt. #, Etc.

City

MIRAMAR

State

FL

Zip Code

33027

☒ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

M. Benjamin

REGISTERED AGENT MUST SIGN

Date 03/04/2008

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JARA Fleishman	6716 SE GOWA A. CR.	Fort Lauderdale FL 33330
MGR	MARlene Benjamin	3853 SW 170 TERR.	MIRAMAR FL 33027

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Jara Fleishman

Date 03-04-08 Daytime Phone # 954-447-7240

Typed or printed name of signing Managing Member/Manager

Jara Fleishman