


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS</b>		<p><b>APPROVED AND FILED</b></p> <p>98 DEC 30 PM 3:37</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p><b>REINSTATEMENT</b> <i>04-08</i></p>	
<b>DOCUMENT #</b> <span style="font-size: 1.2em;">P93000087733</span>					
<b>1. Corporation Name</b> <p style="text-align: center;">BENCHWARMER INTERNATIONAL, INC.</p>					
<b>Mailing Address</b> 60 Ethel Road, Suite 5 Piscataway, NJ 08854		<b>Principal Place of Business</b> <del>300-Southeast-5th-Ave.</del> <del>Suite-2012-</del> <del>Boca-Raton, FL-33432</del>			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
<b>2. New Mailing Address, If Applicable</b> <del>60 Ethel Road Suite 5</del> <del>Piscataway, NJ</del> 08854		<b>3. New Principal Office Address, If Applicable</b> 60 Ethel Road Suite, Apt. #, etc. #5 City & State Piscataway, NJ Zip 08854		<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 12/23/93 <b>5. FEI Number</b> 65-0459329	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee required for a Certificate of Status</b>			
<b>7. Names and Street Addresses of Each Officer and/or Director</b> (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
Pres/Dir	Brian Wallace	60 Ethel Rd., Suite 5	Piscataway, NJ 08854		
<b>8. Name and Address of Current Registered Agent</b> Steven J. Lopez 2450 North Miami Beach Drive Suite 10 North Miami Beach, FL 33180		<b>9. Name and Address of New Registered Agent</b> Name W. Bradley Munroe, Esquire Street Address (P.O. Box Number is Not Acceptable) 239 East Virginia Street Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301			
<b>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</b> Signature of Registered Agent <i>W. Bradley Munroe</i> Date <i>12/29/98</i> REGISTERED AGENT MUST SIGN					
<b>11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box</b> <input type="checkbox"/> (See other side for additional information.)					
<b>12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes.</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
<b>13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation 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.</b>					
<b>SIGNATURE</b> <i>Brian Wallace</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>12/24/98</i> (732) 287-5441 Daytime Phone #			

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