

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 26 PM 1:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000087733

**1. Corporation Name**

Bench Warmer International, Inc.

200025526182  
12/16/03--01034--026 \*\*900.00

**REINSTATEMENT 02-03**

**2. Principal Office Address**

920 Normandy T Kings Point

Suite, Apt. #, etc.

City & State

Del Ray Beach, FL

Zip

33484

Country

U.S.A.

**3. Mailing Office Address**

920 Normandy T Kings Point

Suite, Apt. #, etc.

City & State

Del Ray Beach, FL

Zip

33484

Country

U.S.A.

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

12/23/93

**5. FEI Number**

65-0459329

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

Brian Wallos

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

920 Normandy T Kings Point

Suite, Apt. #, Etc.

City

Del Ray Beach

State

FL

Zip Code

33484

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0502, F.S.**

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/24/03

**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
P/D	Brian Wallos	920 Normandy T Kings Point	Del Ray Beach, FL 33484

**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 under section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Wallos, President

Date

11/24/03

Daytime Phone #

917-881-4087