

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

FILED

99 NOV -1 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1

DOCUMENT # P94000035455

1. Corporation Name

M. BENDER INC.

Principal Place of Business

Mailing Address

204 SOUTH SOMERSET COURT  
SANFORD FL 32773

204 SOUTH SOMERSET COURT  
SANFORD FL 32773



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business In Florida

05/09/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3247135

Applied For

Not Applicable

City & State

City & State

LAKE MARY, Florida

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee Required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BENDER, MICHAEL	204 SOUTH SOMERSET COURT 767 Tomlinson Terr. Lk. Mary, Fl. 32746	SANFORD FL

000003039950--5  
-11/09/99--01074--003  
\*\*\*\*150.00 \*\*\*\*150.00

TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BENDER, MICHAEL  
204 SOUTH SOMERSET COURT  
SANFORD FL 32773

767 Tomlinson Terr.  
Lk. Mary Fl 32746

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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.

Signature of Registered Agent

Michael E. Bender

REGISTERED AGENT MUST SIGN

Date 10-15-99

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 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:

Michael E. Bender

10-15-99 (467)321-0444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (6/99)

per conversation with Mr. Bender

November 2, 1999

**Attention: Tyrone Scott**

Enclosed you will find the original packet that I was sent two weeks ago. I immediately called and took care of the situation, but as I said to you on the telephone today we moved during March of this year and it never got forwarded to us. I do so very much appreciate your help in this matter. Thank you.

Mary Anne Bender