

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P940000 44129

1. Corporation Name

BENCHMARK BUSINESS SYSTEMS INC.

200004554842--5

-08/24/01--01038--011

****908.75 ****908.75

2. Principal Office Address

3901 S.W. 47th AVENUE

Suite, Apt. #, etc.

407

City & State

DAVIE

Zip

33314

Country

USA

3. Mailing Office Address

3901 S.W. 47th AVENUE

Suite, Apt. #, etc.

407

City & State

DAVIE

Zip

33314

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/07/94

5. FEI Number

62-1569241

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

HOWARD CARROLL CPA IN CARE OF CARROLL COOK CPA, PA,

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

4800 S.W. 64th AVENUE,

Suite, Apt. #, Etc.

110

City

FORT. LAUDERDALE

State

FL

Zip Code

33314

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

Howard Carroll CPA
REGISTERED AGENT MUST SIGN

Date 7/3/01

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
PD	MEIMAN, SHAWN	3901 S.W. 47 th AVE #407	FT. LAUDERDALE, FL 33314
VPD	MEIMAN, GRETCHEN	3901 S.W. 47 th AVE #407	FT. LAUDERDALE, FL 33314

REINSTATEMENT 200001

WJM

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:

Gretchen Meiman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/3/01 (954) 792-2323x11

Daytime Phone #

CR2E001 (9/00)