

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 14 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000044129

1. Corporation Name

BENCH MARK BUSINESS SYSTEMS, INC.

Principal Place of Business

3901 S.W. 47TH AVE. #407
FT. LAUDERDALE FL 33314

Mailing Address

3901 S.W. 47TH AVE. #407
FT. LAUDERDALE FL 33314

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
3901 S. State Road 7

City & State
DAVIDE Florida

Zip
33314

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/1994

5. FEI Number

62-1569241

Applied For

Not Applicable

6.

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	MEIMAN, SHAWN	3901 S.W. 47TH AVE. #407	FT. LAUDERDALE FL 33314
VPD	MEIMAN, GRETCHEN L	3901 S.W. 47TH AVE. #407	FT. LAUDERDALE FL 33314

200023798142
10/14/03--01070--008 **600.00

8. Name and Address of Current Registered Agent

CARROLL, HOWARD CPA
4800 S.W. 64TH AVE., #110
FORT LAUDERDALE FL 33314

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Howard Carroll

REGISTERED AGENT MUST SIGN

Date

10/7/03

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:

Gretchen Meiman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/7/03 954-792-2223

Date

Daytime Phone #

X29

CR2E040 (7/03)