PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 FEB 15 PM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000017789

1. Corporation Name

BEHNKE & ASSOCIATES, INC.

Principal Place of Business
6565 TAFT ST.
SUITE 207
HOLLYWOOD, FL 33024

Mailing Address
6565 TAFT ST.
SUITE 207
HOLLYWOOD, FL 33024

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.
City & State
Zip
Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip
Country

300008781023--0
-02/19/99--01078--026
***1058.75 ***1058.75

4. Date Incorporated or Qualified To Do Business in Florida 03/03/95

5. FEI Number 65-0563274 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	BEHNKE, FRED	6565 TAFT ST. STE 207	HOLLYWOOD, FL 33024
VP	MELTZER, STEWART	6565 TAFT ST. STE 207	HOLLYWOOD, FL 33024
VP	INTROCASO, MARK	6565 TAFT ST. STE 207	HOLLYWOOD, FL 33024
VP	McFADDEN, GENE	6565 TAFT ST. STE 207	HOLLYWOOD, FL 33024
VP	KINZEL, C SCOTT	6565 TAFT ST. STE 207	HOLLYWOOD, FL 33024
		REINSTATEMENT	98-99 B 2/18/99

8. Name and Address of Current Registered Agent

GLASSMAN, LEE D
~~750 SOUTH PINE ISLAND RD~~
~~STE 105-B~~
PLANTATION, FL 33324

9. Name and Address of New Registered Agent

Name Lee D. GLASSMAN, ESQ.
Street Address (P.O. Box Number is Not Acceptable) 1133 South University Drive
Suite, Apt. #, Etc. 211
City Plantation
State FL
Zip Code 33324

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 ✓ [signature]
REGISTERED AGENT MUST SIGN

Date 01/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☒ (See other side for information on intangible tax.)

12. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 Date
954-962-8014 Daytime Phone #

CR2E081 (12/98)