

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000011649

1. Corporation Name

BENSON,LITZ,INC.

2. Principal Office Address

924 T.J. COURSON ROAD

Suite, Apt. #, etc.

City & State

AMELIA ISLAND,FLORIDA

Zip

Country

32034

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/06/1996

5. FEI Number

59-3362511

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

RORY LITZ

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

822 FOUNTAIN DRIVE

Suite, Apt. #, Etc.

City

AMELIA ISLAND

State

FL

Zip Code

32034

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

Date 3/27/2003

REGISTERED AGENT MUST SIGN

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
PRES	RORY LITZ	822 FOUNTAIN DR	AMELIA ISLAND,FL-32034
SEC/TR	SANDRA LITZ	822 FOUNTAIN DR	AMELIA ISLAND, FL 32034

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

Date

Daytime Phone #

Rory Litz

3/27/2003 9042774777

292



# AMELIA AUTO WORLD

T.J. COURSON RD.

-A Benson, Litz Co.



Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

March 27, 2003

Enclosed is check #1010 in the amount of \$450.00 for corporate reinstatement.  
Document # P96000011649

After speaking with your office yesterday, Kathy said to note that we had not received Documents for renewal and to ask for waiving of the additional fee, and to enclose the amount stated above.

Thank you,

Rory Litz

President  
Benson,Litz, Inc.