

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 MAR 19 PM 3:16

DOCUMENT #

1. Corporation Name

P9600003476A

Bentley Management Corp.

REINSTATEMENT 03-04

2. Principal Office Address

23 Wind Hill Way

Suite, Apt. #, etc.

3. Mailing Office Address

23 Wind Hill Way

Suite, Apt. #, etc.

City & State

Holmdel, NJ

City & State

Holmdel, NJ

Zip

07733

Country

USA

Zip

07733

Country

USA

200031850122

04/05/04--01073--017 ***308.75

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0663583

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

Tina M Lizzio

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

800 W. Ave.

Suite, Apt. #, Etc. #628

City Miami Beach

State

FL

Zip Code

33139

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

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. | TINA M. LIZZIO | 23 WIND HILL WAY | HOLMDEL, NJ 07733 |
| | | | |
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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:

Tina M. Lizzio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04 (732) 203-9636

Date

Daytime Phone #

CR2E081 (01/04)

Via Courier

March 18, 2004

Ms. Eula Peterson
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Dear Ms. Peterson:

After talking to your colleague today I am sending this letter along with my reinstatement application for my Bentley Management Corporation and a check for \$308.75 which represents the filing fees for 2003 and 2004 as well as \$8.75 for a certificate of status. Your colleague told me that I do not owe any additional fees as it seems that my annual report for 2003 was sent out twice and returned undeliverable back to you in Tallahassee.

It is important for my status to be corrected to "active" asap in order for me to continue to conduct my business that is why I have sent this application and check to you personally by courier overnight.

Please call me with any questions at (732) 718-4800.

Thank you very much for your assistance with this matter.

Very Truly Yours,


Tina M. Lizzio, Pres.
Bentley Management Corp.