200	O UNIFORM BUS	INESS REPO	RT (UBR)	)	- ,' * . •		
DOCUMENT # P96000041473  1. Entity Name					FILED	1012	
BENSON & BENSON, INC.					01 JAN 29 PM 4: 15		
Principal Plac	ce of Business	Mailing Address			SECRETARY OF STATE TALLAHASSEE, FLORIDA	•	
IOS B SPANIS ELRAY BEACL	SH WELLS OR. HEFT 33445	3409 B. SPANISH WELLS DR. DELRAY BEACH FL 28277-66			TÄLLAHASSEE, FLORIDA	W	
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.		Suite, Apt. #, etc.	<u></u>		DO NOT WRITE IN T	HIS SPACE	•
_City & Stat	bynton Blach	City & State		<b>4.</b> F	65-0708151	Applied Fo	
334	26 Country A	Zip	Country	<b>5.</b> C	ertificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7 <u>.</u> _N	ame and Address of New Registe	red Agent	انينج
/=			Nam:	rnes	EN-Cruz		
	ZKAL, MICHAEK RALMETTO PARK RD.		Street Addr	3900 R	Number is Not Accentable)	<u> </u>	
	EX#300		2	xiite	37(0	•	
вос	A AATON/FL 38437		City The	1	rive and	Zin Code	1/2
R The above	e named entity submits this statement for	or the purpose of changing its	registered office or rec	gistered age	ent or poth in the State of Florida	3016	<u> </u>
<b>5.</b> 1110 000 10			registered emiss or reg				
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SIGNATURE  9. This corp	Signature, tyled or printed name of registered agent	and title if applicable. (NOTE:	:: Registered Agent signature re	equired when rein	anstating)  Do  Do  -10Election Compaign Financing	\$5:00-May-	
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SIGNATURE  9. This corp	Signature, tyled or printed name of registered agent station is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable (NOTE:  FILE NOW!  After MAY 1, 200  Make Check Payabl	:: Registered Agent signature re	equired when rei	anstating)  Do  Do  -10Election Compaign Financing	\$5:00 May Added to Fees	3 
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: \_

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Florida Department of State
Katherine Harris
Secretary of State

November 17, 2000

Subject:

Benson & Benson, Inc.

Ref. #:

P96000041473

To Whom It May Concern:

This is in response to a letter we received from your office stating that you did not receive our renewal application and check until October 19, 2000.

As you could see from the date on all correspondence, we submitted check number 2809 for \$150.00 attached to the completed application on February 1, 2000.

We have no explanation as to why you didn't receive it until October. It never came back to us in the mail. We have been in the process of moving our offices back to Florida and somehow our accounting did not catch the fact that the check had yet to clear.

Please accept this check along with our apologies and reinstate our corporation without the large penalty fees.

We are a small business and do not have a full time professional accountant. Nevertheless, we do want to remain incorporated under Benson & Benson and would greatly appreciate your understanding in this matter.

Sincerely,

Michael Benson

President