1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 10 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03-04

300028382893
02/09/04--01006--010 **308.75

DOCUMENT # P96000091764

1. Corporation Name
Benchwarmers, Inc.

2. Principal Office Address	3. Mailing Office Address
14195 W COLONIAL DRIVE	1414 GAY ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER GARDEN , FL	City & State: WINTER PARK, FL
Zip: 34787-4208 Country: USA	Zip: 32789 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/05/1998

5. FEI Number: 59-3407470 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: SUE E CONNOR

Street Address (P.O. Box Number is Not Acceptable): 14195 W COLONIAL DRIVE

Suite, Apt. #, Etc.:

City: WINTER GARDEN | State: FL | Zip Code: 34787-4208

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: Sue E. Connor Date: Feb 4, 2004
REGISTERED AGENT MUST SIGN

CR2E031 (01/04)

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
PTD	SUE E CONNOR	424 TIMBERCREEK DRIVE	WINTER GARDEN, FL 34787
SVD	ANTHONY A BLAIR	424 TIMBERCREEK DRIVE	WINTER GARDEN, FL 34787

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 the 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: Sue E. Connor Pres. Feb. 4, 2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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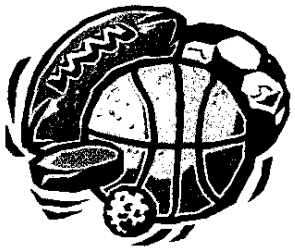
BENCHWARMERS INC
14195 W. COLONIAL DR.
REGIONAL SHOPPING CENTER
WINTER GARDEN, FL. 34787
Phone: 407/325-6625
FAX 954/566-1391



FEBRUARY 4, 2004

TO WHOM IT MAY CONCERN: (FLORIDA DEPARTMENT OF STATE)

PLEASE BE ADVISED THAT WE DID NOT RECEIVE OUR U.B.R. IN 2003. I AM SORRY IT WENT UNNOTICED. I AM INCLUDING PAYMENT FOR 2003 AND 2004 ALONG WITH REINSTATEMENT FORM. I AM ALSO INCLUDING $8.75 FOR A CERTIFICATE OF STATUS. PLEASE FIND A CHECK FOR $308.75 INCLOSED.

THANK YOU

SUE CONNOR PRES.

BENCHWARMERS INC .

Sue Connor
Pres.