


2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000020226		
1. Entity Name BENSON FAMILY CORPORATION		

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 29 PM 12:50

Principal Place of Business 5701 BAYBERRY LANE TAMARAC, FL 33319	Mailing Address 7901 SW 6TH CT. STE 160 PLANTATION, FL 33324
--	---



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02222008 REIN-P CR2E098 (1/07)

4. FEI Number 65-0819162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BENSON, LOUIS 5701 BAYBERRY LANE TAMARAC, FL 33319		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
---	--	--	--

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PTD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENSON, LOUIS			NAME			
STREET ADDRESS	5701 BAYBERRY LANE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33319			CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BENSON, GERTRUDE			NAME			
STREET ADDRESS	5701 BAYBERRY LANE			STREET ADDRESS			
CITY-ST-ZIP	TAMARAC, FL 33319			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

B. 3/4/08
REINSTATEMENT 07-08

300119140223
02/29/08--01043--005 **\$300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Louis Benson - Louis BENSON Date: 2/26/08 Daytime Phone #: 954-733-5701