

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 22 PM 3:10

DOCUMENT # **P98000047459**

1. Corporation Name

**BENCHMARK CLINICAL MANAGEMENT GROUP, INC.**

Principal Place of Business

~~768 BOUGAINVILLE LANE  
VERO BEACH FL 32963~~

Mailing Address

~~768 BOUGAINVILLE LANE  
VERO BEACH FL 32963~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

1110 Old Dixie Hwy

Suite, Apt. #, etc.

Suite A-1

City & State

Vero Beach, FL

Zip

32960

Country

USA

3. New Mailing Office Address, If Applicable

1110 Old Dixie Hwy

Suite, Apt. #, etc.

Suite A-1

City & State

Vero Beach, FL

Zip

32960

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05/26/1998

5. FEI Number

65-0876544

Applicant or

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 01

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DPVT	EMERSON, S ELAINE	768 BOUGAINVILLE LANE	VERO BEACH FL 32963

900004673159-3  
-11/08/01--01080--020  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

EMERSON, S. ELAINE  
768 BOUGAINVILLE LANE  
VERO BEACH FL 32963

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

15 Oct 2001

11. 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S Elaine Emerson

Date

Daytime Phone #

15 Oct 2001