

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 JUL -8 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENT

99-03

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000068383

1. Corporation Name

BENCH ADS OF PEMBROKE PINES, INC

2. Principal Office Address

19589 NE 10 AVE

3. Mailing Office Address

P.O. Box 69-2997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33179

Country

DADE

Zip

33269

Country

DADE

4. Data Incorporated or Qualified
To Do Business in Florida

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒SEE 607.0505 or 617.0503, F.S.
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORT NEIMARK, P.A.

100021378901

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

800 CORPORATE DR.

07/08/03--01029--003

**750.00

Suite, Apt. #, Etc.

STE. 420

City

FT. LAUDERDALE

State
FL

Zip Code

33334

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

7-3-03

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.	ERIC NADEL	16425 COLLINS AVE #2216	SUNNY ISLES, FL 33160

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)(f), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-999-0091

CR2EM1 (10/02)

7/2/03