

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000088420

1. Corporation Name

BENSON INVESTMENT GROUP, INC.

Principal Place of Business

2519 MCMULLEN BOOTH ROAD
#105
CLEARWATER FL 33761

Mailing Address

2519 MCMULLEN BOOTH ROAD
#105
CLEARWATER FL 33761

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

2. New Principal Office Address, if Applicable

32 Freshwater Drive
Suite, Apt. #, etc.

City & State
Palm Harbor, FL

Zip
34684

Country
USA

3. New Mailing Office Address, if Applicable

35246 US Hwy 19 N
Suite, Apt. #, etc.

City & State
Palm Harbor

Zip
34684

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1998

5. FEI Number

59-3537224

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
P/G	BENSON, GORDON	32 FRESHWATER DR.	PALM HARBOR FL 34684
V/T	BENSON, VERNA	32 FRESHWATER DR.	PALM HARBOR FL 34684

400008694004

10/30/02--01032--017 **150.00

8. Name and Address of Current Registered Agent

MEYERS, JOSEPH II, CPA
801 W. BAY DR., STE. 200
LARGO FL 33770-3267

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/25/02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02 727 723-2661
Date Daytime Phone #

CR2ED40 (8/02)

October 28, 2002

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

Re: Benson Investment Group, Inc.

Dear Representative,

Enclosed please find the Application for Reinstatement for Benson Investment Group, Inc. and a check for \$150.00.

Please adjust the late filing fee.

Please note our address has changed and we have no record of receiving the original Corporate Annual Report.

Thank you for your assistance.

Sincerely,

Gordon Benson, President