


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
04 JUL -7 PM 3:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>9900007046</u> <u>P9900007046</u>			
<b>1. Corporation Name</b> FLORIDA BENCHMARK, INC			
1298 LAKEVIEW ROAD			
<b>2. Principal Office Address</b> 1298 LAKEVIEW ROAD		<b>3. Mailing Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> CLEARWATER, FL		<b>City &amp; State</b>	
<b>Zip</b> 33756	<b>Country</b> USA	<b>Zip</b>	<b>Country</b>

REINSTATEMENT 02-04

<b>4. Date Incorporated or Qualified To Do Business in Florida</b> 01/19/1999	
<b>5. FEI Number</b> 59-3559026	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

<b>7. Name and Address of Current Registered Agent</b>	
<b>Name</b> MARCEL G. MAYER	
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1298 LAKEVIEW RD	
<b>Suite, Apt. #, Etc.</b>	
<b>City</b> CLEARWATER,	<b>State</b> FL
	<b>Zip Code</b> 33756

**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**

*Marcel Mayer*

**Date** 7-1-04

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
P	MARCEL G. MAYER	568 VILLAGE DRIVE	TARPON SPRINGS, FL
VP	CHRISTINE MAYER	568 VILLAGE DRIVE	TARPON SPRINGS, FL

**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)(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:**

*Christine Mayer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-1-04

Date

727-298-0386

Daytime Phone #

CFR2081 (01/04)

13 282  
*Read Bookkeeping & Tax Service, Inc.*

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2205 North Hercules Avenue  
Clearwater, FL 33763  
(727) 736-1242 • Fax (727) 738-8715

July 1, 2004

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

Re: Florida Benchmark, Inc.  
P99000007046

Greetings:

Enclosed is reinstatement form for Florida Benchmark, Incorporated and a check in the amount of \$450.00 reinstatement fees. Florida Benchmark moved in 2002 and therefore the forms or notices for late payment were not received until this year. We were also unaware that they had been dissolved until we checked via internet to download the forms for filing this year.

Please accept our apology for this oversight and reinstate the corporation to active status effective with this letter. Also, please abate the penalties due for reinstatement due to no receipt of corporate annual report forms for the previous two years.

Sincerely,

  
Barbara A. Read  
Accountant