2007 FOR PROFIT CORPORATION REINSTATEMENT.

SIGNATURE: __

DOCUMENT # P9900007046 1. Entity Name FLORIDA BENCHMARK, INC.					2007 NOV - 1 PM 4: 30			
Principal Place of Business 1298 LAKEVIEW ROAD CLEARWATER, FL 33756		Mailing Address 1298 LAKEVIEW ROAD CLEARWATER, FL 33756			SECRETARY OF STATE TALLAHASSEE.FLORIDA			
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.				10292007	REIN-P	CR2E098 (1/07)		
City & State CLEAR Zip 337	WATER FLORIDA Codnity USA	City & State	Country	4. FEI Number 59-3559				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
1298 LAKEVIEW RD CLEARWATER, FL 33756 Street Address 6				dress (P.O. Box Number	P.O. Box Number is Not Acceptable) P. VIUAGE DRIVE			
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 Signature, type-0'or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.								
10.	OFFICERS AND D	DIRECTORS	11.	ADDITIONS/0	CHANGES TO OFFIC	ERS AND DIRECTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAYER, MARCEL G 568 VILLAGE DRIVE TARPON SPRINGS, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYER, CHRISTINE 1298 LAKEVIEW ROAD CLEARWATER, FL 33756	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAYEL, CH SUES VILLA TALLON	ige dr.	Change FL 346	□ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change 590920	1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
12. I hereby of indicated	certify that the information supplied with on this report or supplemental report is	this filing does not qualify for t true and accurate and that my	he exemptions cor signature shall hav	ntained in Chapter 119, ve the same legal effect	Florida Statutes. I fu t as if made under or	urther certify that the in ath; that I am an officer	formation or director	