

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL -2 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900038640729
07/02/04--01044--001 **2258.75

DOCUMENT # K45795

1. Corporation Name

BENCHMARK CONTRACTING SERVICES, INC.

2. Principal Office Address

3418 S.E. 19TH AVE.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

Zip

33904

3. Mailing Office Address

3418 S.E. 19TH AVE.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FL

Zip

33904

Country

REINSTATEMENT 94-09

4. Date Incorporated or Qualified To Do Business in Florida 11/14/1988

5. FEI Number 65-0092416 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JAMES LARRY NICHOLS, ESQUIRE

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

8191 COLLEGE PARKWAY, SUITE 204

Suite, Apt. #, Etc.

City

FORT MYERS

State
FL

Zip Code

33919

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

James Larry Nichols
REGISTERED AGENT MUST SIGN

Date

6-28-04

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
D, P S, T	GLORIA HOWELL	3418 S. E. 19TH AVE.	CAPE CORAL, FL 33904

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:

Gloria Howell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/28/04

Daytime Phone #

(239) 292-4007

CR2E081 (01/04)