


2009 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A06000000186		
1. Entity Name MTW-BENTON, LTD.		

Principal Place of Business 2901 RIGSBY LANE SAFETY HARBOR, FL 34695	Mailing Address 2901 RIGSBY LANE SAFETY HARBOR, FL 34695
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

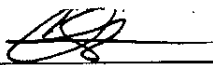
FILED
2009 JUN -2 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04232009 REIN-LP CR2E100 (1/07).

6. Name and Address of Current Registered Agent FORLIZZO, ROBERT A 2903 RIGSBY LANE SAFETY HARBOR, FL 34695		7. Name and Address of New Registered Agent Name: Charles A Ernst Jr Street Address (P.O. Box Number is Not Acceptable): 2901 Riggsby Lane City: safety Harbor FL Zip Code: 34695	
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8. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE:  DATE: _____

Signature, typed or printed name of registered agent and title if applicable (REGISTERED AGENT MUST SIGN)

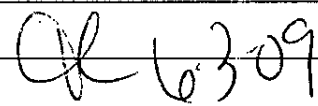
FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

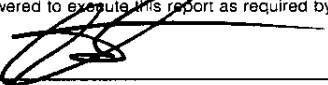
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000121744	STREET ADDRESS	900156671099
NAME	PDG IV, INC.	CITY-ST-ZIP	06/02/09--01021--015 **1000.00
STREET ADDRESS	2901 RIGSBY LANE		
CITY-ST-ZIP	SAFETY HARBOR, FL 34695		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

REINSTATEMENT 08-09



14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE