PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC -5 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F70365

1. Corporation Name

BENCHMARK ERECTORS, INC.

REINSTATEMENT 99-01

2. Principal Office Address	**3.** Mailing Office Address
433 Oak Avenue	P. O. Box 698
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City, FL	City & State: Panama City, FL
Zip: 32401 Country: USA	Zip: 32402 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 03-09-82

5. FEI Number: 59-2189219 ☐ 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: Jeffrey P. Whitton

900004741349--8
12/27/01--01042--022
***1050.00 ***1050.00

Street Address (P.O. Box Number is Not Acceptable): ~~P. O. Box 1956~~ 565 Harrison Ave

Suite, Apt. #, Etc.:

City: ~~Panama City~~ State: FL Zip Code: 32401

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 _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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. O. Box 27473 and/or	Panama City, FL 32411-7473
Pres	Daniel G. Rocawich	823 Dolphin Drive	Panama City Bech, FL 32411
Vice Pres.	Alicia J. Rocawich	Same as above	Same as Above

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: _____ 12-3-01 850-522-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Daniel G. Rocawich