

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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|---|---------------------------|--|---------------------------|
| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE  Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # J64527 | | | |
| 1. Corporation Name BENSON ENGINEERING, INC. | | | |
| Principal Place of Business 233 U.S. HWY. 301 BLVD. E. BRADENTON FL 34208 US | | Mailing Address 233 U.S. HWY. 301 BLVD. E. BRADENTON FL 34208 US | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
| 1 | 2 | 3 | 4 |
| P | BENSON, JOHN B III | 4531 51ST ST. E. | BRADENTON FL 34208 |
| | | | |
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| | | | |
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| BENSON, JOHN B III 233 301 BLVD. E. BRADENTON FL 34208 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/> | |
| 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. | | | |
| Signature of Registered Agent <input type="text"/> | | SIGNATURE REQUIRED REGISTERED AGENT MUST SIGN | |
| 11. 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: <i>John B. Benson III</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | |

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**



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|--|--|
| 4. Date Incorporated or Qualified To Do Business in Florida 03/30/1987 | |
| 5. FEI Number 59-2803964 | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

CR25040 (8/01)

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Date

Daytime Phone #