

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

DOCUMENT # K45795

1. Corporation Name

BENCHMARK CONTRACTING SERVICES, INC.

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

2. Principal Office Address

3418 S.E. 19TH AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

3418 S.E. 19TH AVE.

Suite, Apt. #, etc.

City & State

CAPE CORAL, FLORIDA

City & State

CAPE CORAL, FL

Zip

33904

Country

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 (239) 292-4007  
Daytime Phone #

CR2E081 (01/04)