


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 12 AUG 10 PM 5:10 12 AUG 10 PM 5:10 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS CR2E041 (1/10/08)	
DOCUMENT # <u>L03000044194</u>					
1. Limited Liability Company's Name <u>Benjamin Masonry LLC</u> <u>2010</u>					
2. Principal Office Address - No P.O. Box # <u>1770 Elizabeth Ave</u>		3. Mailing Office Address <u>1770 Elizabeth Ave</u>		4. State/Country of Formation <u>Florida</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <u>11-13-2003</u>	
City & State <u>Titusville, FLA</u>		City & State <u>Titusville FLA</u>		6. FEI Number <u>200386566</u>	
Zip <u>32780</u>	Country <u>Brevard</u>	Zip <u>32780</u>	Country <u>Brevard</u>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
8. Name and Address of Current Registered Agent Name <u>Anthony Benjamin</u> Street Address (P.O. Box Number is Not Acceptable) <u>1770 Elizabeth Ave</u> Suite, Apt. #, Etc. <u>Titusville</u>				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status E-mail Address: <u>800238388758</u> <u>08/10/12--01028--016 **521.25</u> (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent <u>Anthony Benjamin</u> Date <u>8/7/12</u> REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
<u>MGRM</u>	<u>Anthony Benjamin</u>	<u>1770 Elizabeth Ave</u>		<u>Titusville FLA 32780</u>	
REINSTATEMENT <u>2010-2012</u>					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.					
Signature of Managing Member/Manager <u>Anthony Benjamin</u> Date <u>8/7/2012</u> Daytime Phone # <u>321-863-5853</u> Typed or printed name of signing Managing Member/Manager <u>Anthony Benjamin</u>					