


SECRETARY OF STATE
DIVISION OF CORPORATION
13 MAY - 1 AM ID: 56

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: right;">SECRETARY OF STATE DIVISION OF CORPORATIONS</div> <div style="text-align: right;">13 MAY -1 AM 10:56</div>	
DOCUMENT # P04000088082					
1. Corporation Name <div style="text-align: center; font-size: 1.2em;">Benton's masonry</div>					
2. Principal Office Address - No P.O. Box # 2233 Karen St <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 2233 Karen St <small>Suite, Apt. #, etc.</small>			
City & State Lake Wales FL		City & State Lake Wales FL			
Zip 33898	Country	Zip 33898	Country		
4. Date Incorporated or Qualified To Do Business in Florida 6-30-04		5. FEI Number 20-1300900			
		6. CERTIFICATE OF STATUS DESIRED		Applied For Not Applicable	
				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name Calvin Benton					
Street Address (P.O. Box Number is Not Acceptable) 2233 Karen St					
Suite, Apt. #, Etc.					
City Lake Wales		State FL	Zip Code 33898		
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 4-24-13					
REGISTERED AGENT MUST SIGN					
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	
DAVS	Calvin Benton	2233 Karen St		Lake Wales FL 33898	
<div style="display: flex; justify-content: space-between;"><div style="font-size: 1.5em; font-weight: bold;">REINSTATEMENT</div><div>MAY 01 2013</div></div> <div style="display: flex; justify-content: center; margin-top: 10px;"><div style="font-weight: bold;">R. HUNT</div></div>					
10. E-mail Address: _____ <small>(To be used for future annual report notification)</small>					
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., and that all fees owed by the corporation have been paid. I further certify, 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: Calvin Benton		4-24-13		863-632 8312	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	