PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS DOCUMENT # (24000088082 1. Corporation Name Benton's Masonary 2. Principal Office Address No P.O. Box # 3. Mailing Office Address 2. Principal Office Address No P.O. Box # 3. Mailing Office Address 12. Principal Office Address No P.O. Box # 3. Mailing Office Address 2. Principal Office Address No P.O. Box # 3. Mailing Office Address 2. Principal Office Address No P.O. Box # 3. Mailing Office Address 2. Principal Office Address No P.O. Box # 3. Mailing Office Address CRIZED 1 (11/10) 4. Date Incorporated or Qualified To Do Business in Florida To Do Business in Florida To Do Business in Florida Secretary of State 13 MAY - 1 AM D: 5 14 Division of Corporations 15 PEI Number 16 Do Business in Florida 16 Do Business in Florida 17 Do Business in Florida 28 Division of Current Registered Agent Name Calvin Box Number is Not Address of Current Registered Agent Name Siries Address (P.O. Box Number is Not Address and Address of Current Registered Agent Name Siries Address (P.O. Box Number is Not Address and Address of Current Registered Agent	θ¥,
1. Corporation Name Benton's Masonary 2. Principal Office Address · No P.O. Box # 3. Mailing Office Address	
Benton's Masonary 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 4. Date Incorporated or Quelified To Do Business in Florida 4. Date Incorporated or Quelified To Do Business in Florida 4. Date Incorporated or Quelified To Do Business in Florida 4. Date Incorporated or Quelified To Do Business in Florida 4. Date Incorporated or Quelified To Do Business in Florida 5. FEI Number 20 - 1300 900 6. CERTIFICATE OF STATUS DESIRED 8.8.75 Addrignal Fee refor a Certificate of Status Desired Name Calvin Benton Street Address (P.O. Box Number is Not Addeptable)	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 2. Principal Office Address - No P.O. Box # 4*1950.0 2. Principal Office Address - No P.O. Box # 4*1950.0 2. Principal Office Address - No P.O. Box # 4*1950.0 2. Principal Office Address - No P.O. Box # 4*1950.0 2. Principal Office Address - No P.O. Box # 4*1950.0 2. Principal Office Address - No P.O. Box # 4*1950.0 2. Principal Office Address - No P.O. Box # 4*1950.0 4. Date Incorporated or Qualified To Do Business in Florida 2. Principal Office Address in Florida 2. Principal Office Address - No P.O. Box # 1950.0 4. Date Incorporated or Qualified To Do Business in Florida 2. Principal Office Address in Florida 3. Principal Office Address in Florida 2. Principal Office Address in Florida 2. Principal Office Address in Florida 2. Principal Office Address in Florida 3. Principal Office Address in Florida 3. Principal Office Address in Florida 3. P	
Suite. Apt # etc. City & State City & State Country C	_
Suite, Apt. #, etc. Suite, Apt. #, etc. 4. Date incorporated or Qualified To Do Business in Florida Lake wales FL Zip Country Zip Country Country 7. Name and Address of Current Registered Agent Name Caluin Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable))
City & State Lake wales FL Lake wales FL Zip Country CERTIFICATE OF STATUS DESIRED S8.75 Addutional Fee refor a Certificate of Status Name Calvin Benfon Street Address (P.O. Box Number is Not Acceptable)	
Lake wales FL Lake wales FL Zip Country Zip Country The country Country Country The country Country Country The country Th	\Box
33898 Country Country Country Country CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee refor a Certificate of Status Desired For a Certificate of Status Desired To a Certificate of Status Desired Street Address (P.O. Box Number is Not Acceptable)	or .
33898 CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee re for a Certificate of St Name Caluin Street Address (F.O. Box Number is Not Acceptable)	able
Street Address (P.O. Box Number is Not Acceptable)	
Street Address (P.O. Box Number is Not Acceptable)	
	ł
2233 Kanen St	1
Sune, Apt. #, Etc.	
Lake wales FL 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	_
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)	-
Titles Name of Street Address of Each Officers and/or Directors Officer and/or Director City / State / Zip	
OPUTS Calvin Benton 2233 Karen St Lake water Fl 33	2 9 8
REINSTATEMENT MAY 0 1 2013	
R. HUNT	
	3
10. E-mail Address:	
(To be used for future annual report notification) 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 filling 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 fellony as provided for in s. 817.155, F.S. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Date Date The provided for the same legal effect as if 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 fellony as provided for in s. 817.155, F.S. SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR	