

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

06 NOV -3 PM 4:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # P10065</b> 1. Entity Name <b>JOHN H. BENNER CO.</b>					
Principal Place of Business 254 DAVIS AVE. P.O. BOX 128 CLIFTON HEIGHTS, PA 19018			Mailing Address 254 DAVIS AVE. P.O. BOX 128 CLIFTON HEIGHTS, PA 19018		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		10132006 REIN-P CR2E098 (11/05)	
Zip		Country		4. FEI Number <b>23-1717441</b>	
				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>SNYDER, PAUL</b> <b>12123 MEDAN COURT</b> <b>ORLANDO, FL 32837</b>			7. Name and Address of New Registered Agent Name <b>SNYDER, PAUL</b> Street Address (P.O. Box Number is Not Acceptable) <b>4128 ORANGE BLOSSOM TRAIL</b> City <b>Kissimmee</b> <b>FL</b> Zip Code <b>34746</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Paul Snyder</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>10-30-06</b> <small>DATE</small>	
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BENNER, CARL A. 1094 PALMERS MILLS RD. MEDIA, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>400081058984</b> <b>10/20/06--01008--022 **750.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BENNER, CARL A JR 1076 PALMERS MILL RD MEDIA, PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Carl A. Benner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>10-13-06</b> <small>DATE</small>	
				DAYTIME PHONE #	

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