2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P95000049880

Entity Name: BENCOMP NATIONAL CORP.

FILED Nov 21, 2006 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
100 FIRST AVENUE SOUTH SUITE 600 ST PETERSBURG, FL 33701				17755 US HWY 19 N SUITE 400 CLEARWATER, FL 33764			
Current Mailing Address:				New Mailing Address:			
100 FIRST AVENUE SOUTH SUITE 600 ST PETERSBURG, FL 33701				200 S ORANGE AVENUE 27TH FLOOR COMPLIANCE UNIT ORLANDO, FL 32801			
FEI Number:	59-3319256	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:		Name and	Address of Ne	ew Registered Agent:	
SIMMONS, GARY 100 FIRST AVENUE SOUTH SUITE 600 ST PETERSBURG, FL 33701 US The above named entity submits this statement for the purpose of				SADAKA, THOMAS A ESQ 200 S ORANGE AVE 27TH FLOOR ORLANDO, FL 32801 US of changing its registered office or registered agent, or both,			
in the State							
SIGNATUR		S A. SADAKA onic Signature of Registered Ag	ant			11/21/2006 Date	_
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive t Election Campaign Financing Trust Fund Contribution (). OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SIMMONS, GA 100 FIRST AV) Delete ARY 'ENUE SOUTH, SUITE 600 URG, FL 33701		Title: Name: Address: City-St-Zip:	C P (X) C KONICKI, BOB 17755 US HWY CLEARWATER, I		
Title: Name: Address: City-St-Zip:	SIMMONS, GA 100 FIRST AV) Delete ARY 'ENUE SOUTH, SUITE 600 URG, FL 33701		Title: Name: Address: City-St-Zip:	ANDERSON, PET	AVE, 20TH FLOOR	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	LEONARD, KEVII	AVE, 20TH FLOOR	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	MYERS, DANIÉL	AVE, 20TH FLOOR	
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	D () C KONICKI, BOB 17755 US HWY CLEARWATER, I		
Title: Name: Address: City-St-Zip:	() Delete		Title: Name: Address: City-St-Zip:	ANDERSON, PET	AVE, 20TH FLOOR	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS A. SADAKA CCO 11/21/2006