


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
 2006 NOV -1 PM 4:02
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F93000003178					
1. Entity Name BELL CONSTRUCTORS, INC.					
Principal Place of Business 1340 LEXINGTON AVENUE ROCHESTER, NY 14606			Mailing Address 1340 LEXINGTON AVENUE ROCHESTER, NY 14606		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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>Barbara A. Burke</i>		Barbara A. Burke		Special Assistant Secy	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE: 10/30/06	
FILE NOW!!! FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00			000080695280 10/10/06--01066--033 ***750.00		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CDT	<input checked="" type="checkbox"/> Delete	TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, JOSEPH M		NAME	James D. Dreier	
STREET ADDRESS	1340 LEXINGTON AVENUE		STREET ADDRESS	as at left	
CITY-ST-ZIP	ROCHESTER, NY 14606		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUETHER, STEVEN A		NAME		
STREET ADDRESS	1340 LEXINGTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14606		CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> Delete	TITLE	CEO/Secretary/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, THOMAS F		NAME		
STREET ADDRESS	1340 LEXINGTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14606		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JAMES		NAME		
STREET ADDRESS	1340 LEXINGTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14606		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Chairman of Board of Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, ROBERT E		NAME		
STREET ADDRESS	1340 LEXINGTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14606		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENULIS, MICHAEL J		NAME		
STREET ADDRESS	1340 LEXINGTON AVENUE		STREET ADDRESS		
CITY-ST-ZIP	ROCHESTER, NY 14606		CITY-ST-ZIP		
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>James D. Dreier</i>		JAMES D. DREIER, CFO		Date: 10/5/06 (585) 777-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

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