

03-05 Reu

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

05 AUG 11 PM 4:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000094221

**1. Corporation Name**

Benefits Design Group of Palm Beach, Inc

**2. Principal Office Address**

222 Lakeview Ave

Suite, Apt. #, etc.

1660

City & State

West Palm Beach, FL

**3. Mailing Office Address**

222 Lakeview Ave.

Suite, Apt. #, etc.

1660

City & State

West Palm Beach, FL

Zip

33401

Country

U.S.A

Zip

33401

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

12/6/1995

**5. FEI Number**

65-0630229

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

900058477299  
08/11/05--01032--001 \*\*1050.00

**7. Name and Address of Current Registered Agent**

Name

Daniel J. Brams, c/o Hicks, Brams & Scher, PA

Street Address (P.O. Box Number is Not Acceptable)

1645 Palm Beach Lakes Blvd. ~~address~~

Suite, Apt. #, Etc.

Suite 1050

City

West Palm Beach

State

FL

Zip Code

33401

**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

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
P	Richard M. Flah	18577 S.E. Heritage Oaks Ln	Tequesta, FL 33469

**10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE

Richard M. Flah 8/3/05 561-655-2976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (07/05)