


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 7-80375

1. Corporation Name
 Total Group Benefits Inc.
 Filing #S80375

2. Principal Office Address
 1640 N. 69th Way
 Suite, Apt. #, etc.

3. Mailing Office Address
 1640 N. 69th Way
 Suite, Apt. #, etc.

City & State
 Hollywood Florida

City & State
 Hollywood, Florida

Zip
 33026

Country
 USA

Zip
 33026

Country
 USA

FILED
 01 DEC 21 AM 11:58
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 ****300.00 ****300.00

4. Date Incorporated or Qualified To Do Business in Florida
 1/1/92

5. FEI Number
 65-0292399

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 Lucille Brillante

Street Address (P.O. Box Number is Not Acceptable)
 3605 Bay Way

Suite, Apt. #, Etc.

City
 Cooper City

State
 FL

Zip Code
 33026

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 Lucille Brillante Date 12/19/01

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
Pres	Jerry Brillante	3605 Bay Way	Cooper City, FL 33026
Secty	Lucille Brillante	3605 Bay way	Cooper City, FL 33026
Treas			

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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: Jerry Brillante JERRY BRILLANTE 12/19/01 954-965-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR-2601 (9/00)

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Total Group Benefits, Inc.

EMPLOYEE BENEFITS - INSURANCE - PENSION PLANS
JERRY BRILLANTE, CLU
1640 NORTH 69TH WAY
HOLLYWOOD, FLORIDA 33024
PH: 954/965-8300
FAX: 954/965-8303

December 19, 2001

Sent Via UPS Next Day Air

Department of State
Division of Corporations
Attn: Reinstatement
409 East Gaines St.
Tallahassee, FL 32399

Telephone: 850-245-6059

Re: Reinstatement - Filing #S80375 - Tax ID 65-0292399

The purpose of this letter is to request a waiving of the \$600 reinstatement fee for the years 2000 and 2001. In your computer records, you will see that our filing statements were returned to your office by the post office. They went to our old address; we never received anything that would allow us to file or change our address with your office.

We are now VERY AWARE that we should receive your notification for 2002 sometime at the beginning of the year 2002 and will be looking for it.

Please accept our check for \$300 (\$150 for 2000 and \$150 for 2001) and reinstate our corporation.

If you have any questions, please call me at 954-965-8300 (days 10-6 P.M.).

Sincerely,



Lucille Brillante