

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

1997 JUL 15 PM 2:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G16056**

1. Corporation Name

**BENEFIT MANAGEMENT CORPORATION**

Principal Place of Business

Mailing Address

~~1609 TOWN CENTER BOULEVARD  
FORT LAUDERDALE, FLORIDA 33326~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**P.O. BOX 291558**

3. New Mailing Office Address, If Applicable  
**P.O. BOX 291558**

4. Date Incorporated or Qualified  
To Do Business in Florida

12/01/82

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2236974

Applied For

Not Applicable

City & State  
**FT. LAUDERDALE, FL**

City & State  
**FT. LAUDERDALE, FL**

Zip **33329** Country **USA**

Zip **33329** Country **USA**

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	PARRY GOODMAN	1609 TOWN CENTER BOULEVARD	FORT LAUDERDALE, FL 33326
			100002239761--5 -07/16/97--01080--005 ****923.75 ****923.75

**REINSTATEMENT** *05/10/97*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name **JOEL S. FASS c/o**  
Street Address (P.O. Box Number is Not Acceptable)  
**COLODNY, FASS & TALENFELD, P.A.**  
**2000 W. COMMERCIAL BOULEVARD**  
Suite, Apt. #, Etc.  
**232**  
City  
**FORT LAUDERDALE** State **FL** Zip Code **33309**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

**7/14/97**

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/9/97**  
Date

**(954) 384.1000**  
Daytime Phone #

CR2E040 (12/96)