

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **G41788**

1. Corporation Name

**BENEFIT SERVICE, INC.**

Principal Place of Business

Mailing Address

PO BOX 822067  
S FL FL 33082-2067  
US

BENEFIT SERVICE  
PO BOX 822067  
SOUTH FL FL 33082-2067  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

~~2516 W. Knollwood St~~  
Suite, Apt. #, etc.

~~2516 W. Knollwood St~~  
Suite, Apt. #, etc.

~~Tampa FL~~  
City & State.

~~Tampa FL~~  
City & State

~~33614~~  
Zip Country

~~33614~~  
Zip Country

REINSTATEMENT 03

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/1983

5. FEI Number

59-2305109

Applied For

Not Applicable

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	4 City / State / Zip
P	BAIO, JOSEPH	400 NW 95TH TERR	PEMBOKE PINES, FL 00000
			200024331082 10/31/03--01043--003 ***150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BAIO, JOSEPH  
400 N W 95 TERR  
PEMBROKE PINES FL 33024

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Joseph Baio*

REGISTERED AGENT MUST SIGN

Date

10-27-03

11. 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:

*JOSEPH BAIO* X *Joseph Baio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-27-03 8139325146

CR2E040 (7/03)

10-27-03

BENEFIT SERVICE INC

DID NOT RECEIVE  
NOTICES.

PLS. NOTE ADDRESS  
CORRECTION.

BENEFIT SER. INC.  
2514 W. KNOXWOOD ST  
TAMPA FL 33614

JOSEPH BAIO  
JOYR BAW 10-27-03