

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 NOV -7 AM 8:01

DOCUMENT #

G56547

1. Corporation Name

LANCE BENEFIELD & COMPANY, INC.

Principal Place of Business

8151 E EVANS RD
STE 3
SCOTTSDALE AZ 85260
US

Mailing Address

8151 E EVANS RD
STE 3
SCOTTSDALE AZ 85260
US

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/24/1983

5. FEI Number

59-2448096

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
DP	HANISH, LANCE	22590 FOUNTAIN LKS BLV	ESTERO FL 33928

200008843852
11/07/02--01005--021 **175.00

8. Name and Address of Current Registered Agent

HANISH, LANCE G.
22590 FOUNTAIN LAKES BLVD
ESTERO FL 33928

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

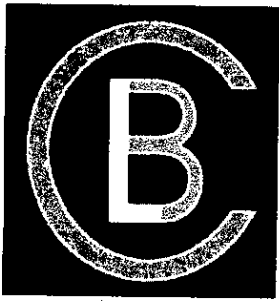
Date

Daytime Phone #

10-28-02

11/14/02

CR2E040 (8/02)



LBC

8151 E. Evans Rd. #3
Scottsdale, AZ 85260
480.951.9247 Fax # 480.951-9590
e-mail: sharon@lbcad.com
PRODUCTION OFFICES
834 N. 7th Avenue
Phoenix, AZ 85007
e-mail: david@lbcad.com

October 28, 2002

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Lance Benefield & Company, Inc.
Federal ID #59-2448096

To Whom It May Concern:

As per our recent conversation with your office, I am enclosing our Application for Reinstatement along with our check in the amount of \$175.00.

As explained, the original application was not received. At the time the second application was sent out, the President of the Company, Lance Hanish, was out on an extended leave critically ill. The gentleman that handled the finances in his absence was no longer with the company.

Additionally, a transition in bookkeeping firms had taken place, and paperwork was lost in the transition.

As a result, we are requesting that the \$750.00 reinstatement fee be waived.

Thanking you in advance for your consideration in this matter.

Sincerely,


Lance G. Hanish
President

SP:clb