

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # G56547

1. Entity Name  
LANCE BENEFIELD & COMPANY, INC.



07 OCT 17 PM 12:59

STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
501 SANTA MONICA BLVD.  
SUITE 600  
SANTA MONICA, CA 90401 US

Mailing Address  
501 SANTA MONICA BLVD.  
SUITE 600  
SANTA MONICA, CA 90401 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10082007 REIN-P CR2E098 (1/07)

4. FEI Number  
59-2448096

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANISH, LANCE G  
20330 ARDORE LANE  
ESTERO, FL 33928

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PTD  
HANISH, LANCE G  
501 SANTA MONICA BLVD., #600  
SANTA MONICA, CA 90401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
800110875928  
10/17/07--01012--005 \*\*259 75

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SVD  
HANISH, ELLEN F  
501 SANTA MONICA BLVD., #600  
SANTA MONICA, CA 90401 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
V  
HANISH, KRISPIN  
501 SANTA MONICA BLVD. #600  
SANTA MONICA, CA 90401 ☐ Delete

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LANCE G. HANISH

10/11/2007

(310) 656-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

REINSTATEMENT

2007