

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE
 Kenneth Harris
 Secretary of State
 DIVISION OF CORPORATIONS

99 APR 22 AM 11:57

DOCUMENT # K44740

1. Corporation Name
 Employers Benefit Services, Inc.

Principal Place of Business Mailing Address
 1515 N.W. 167th Street
 #215
 Miami, FL 33169

200002856542--0
 -04/29/99--01072--016
 ****465.00 ****465.00

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

(yes - please update address)
 Suite/Apt. #, etc. Suite/Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

11-9-1998

5. FEI Number

65-0080133

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Freire, Joe	10785 N. Bayshore Dr. N. Bayshore Dr. #33181	Miami, FL 33181

8. Name and Address of Current Registered Agent

Joe Freire
 10785 N. Bayshore Dr.
 Miami, FL 33181

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City
 State Zip Code
 FL

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 4-14-99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See instructions 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)(g), 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

Joe Freire, President 305-624-1099

Date Daytime Phone #

CP2E081 (12/98)