

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 APR 18 PM 1:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000003599

Name and Mailing Address

0000505 01 FP 0.352 **PRSR T2 0 0615 32751-403402

Benefit Planning of Florida LLC

2502 MOHAWK TRAIL

MAITLAND FL 32751-4034



4118 2002-2003

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

03/28/2000

Principal Place of Business

2502 MOHAWK TRAIL
MAITLAND FL 32751

3. New Principal Place of Business Address

151 Sabal Palm Dr.

City, State, Zip

Longwood, FL 32779

6. FEI Number 59-3723829

APPLIED FOR

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

GRADY, STEVEN C
2502 MOHAWK TRAIL
MAITLAND FL 32751

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date 3/10/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	GRADY, STEVEN C	2502 MOHAWK TRAIL	MAITLAND FL 32751

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03/18/03 01038 015 **200.00

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Date

3/10/03

Daytime Phone #

Typed or printed name of signing Managing Member/Manager