

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glena E. Booher
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 11 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026899

Name and Mailing Address

0003526 01 AT 0.292 **AUTO T5 0 0615 32804-723225



LIFE BENEFITS RESOURCES ONLINE, LLC
1025 SEVILLE PLACE
ORLANDO FL 32804-7232



US

| | | | |
|--|--|---|-------------------------------|
| 2. New Mailing Address | | 4. State/Country of Formation FL | |
| City, State, Zip | | 5. Date Organized or Qualified To Do Business in Florida 10/10/2002 | |
| Principal Place of Business 1025 SEVILLE PLACE ORLANDO FL 32804 US | 3. New Principal Place of Business Address City, State, Zip | 6. FEI Number <u>27-00353970</u> <u>27-00353970</u> | Applied For Not Applicable |
| 8. Name and Address of Current Registered Agent BOOHER, F. BOYD 1025 SEVILLE PLACE ORLANDO FL 32804 | | 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |
| 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 <u>F. Boyd Booher</u> SIGNATURE REQUIRED Date <u>May 13, 2004</u> REGISTERED AGENT MUST SIGN | | | |
| 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 |
| MGR | BOOHER, F. BOYD | 1025 SEVILLE PLACE | ORLANDO FL 32804 |
| | | 800037849418 06/10/04--01076--002 **205.00 | |
| | | REINSTATEMENT <u>2003-2004</u> | |
| | | JB | |
| 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 <u>F. Boyd Booher</u> SIGNATURE REQUIRED Date <u>5/13/2004</u> Daytime Phone # <u>407-648-1374</u> Typed or printed name of signing Managing Member/Manager <u>F. BOYD BOOHER</u> | | | |

CR2E084 (7/03)