


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 16 NOV 18 PM 12:36 SECRETARY OF STATE PALM BEACH, FLORIDA	
DOCUMENT # L15000044778 1. Limited Liability Company's Name BENEFITS CENTRAL, LLC					
2. Principal Office Address - No P.O. Box # 1125 N. GREENWAY DRIVE Suite, Apt. #, etc.		3. Mailing Office Address SAME Suite, Apt. #, etc.		CR2E041 (1/14)	
City & State CORAL GABLES, FL		City & State		4. State/Country of Formation FLOIRDA	
Zip 33134	Country	Zip	Country	5. Date Organized or Qualified To Do Business in Florida 03/11/2015	
6. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a certificate of status	
8. Name and Address of Current Registered Agent Name RICHARD AMUNDSEN Street Address (P.O. Box Number is Not Acceptable) Suite, 1125 N. GREENWAY DRIVE Apt. #, Etc. City CORAL GABLES					
		State FL	Zip Code 33134		
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u>Richard Amundsen</u> Date _____ REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager		City / State / Zip	
MGR	RICHARD AMUNDSEN	1125 N. GREENWAY DRIVE		CORAL GABLES, FL 33134	
				S. HAWKES NOV 18 A.M. EXAMINER	
REINSTATEMENT					
<u>2016</u>					
11. E-mail Address: _____ (To be used for future annual report notifications)					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
Signature of authorized representative/member <u>Richard Amundsen</u> Date _____ Daytime Phone # _____					
Typed or printed name of signing authorized representative/member _____					