

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Kenneth Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 FEB 12 AM 8:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1062

DOCUMENT #

195086

1. Corporation Name

Consolidated Benefits Inc

2. Principal Office Address

130 Lake Winnemissett Dr. P.O. Box 1570

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

DeLand FL

Zip Country

32724 Volusia

City & State

DeLand FL

Zip Country

32724 Volusia

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

59-3028836

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Beverly Autry

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

130 Lake Winnemissett Drive

Suite, Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32724

9000037432891-6  
-02/20/01--01067--006

\*\*\*\*300.00 \*\*\*\*300.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Beverly Autry*  
REGISTERED AGENT MUST SIGN

Date 12/31/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/P	Jerry Autry	130 Lake Winnemissett	DeLand, FL 32724
D/S	Beverly Autry	130 Lake Winnemissett	DeLand, FL 32724

10. 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)(i), 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:

*Jerry L. Autry* - Jerry L. Autry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/31/00

Date

4171

Daytime Phone #

(904) 943-

CR2E081 (9/99)

# CONSOLIDATED BENEFITS, INC.

202

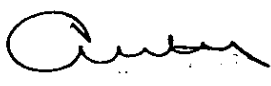
January 2, 2001

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

While reviewing Consolidated Benefits, Inc.'s expenses for the year 2000, I noted that there was not the usual payment to the Florida Department of State for the annual filing. We have filed this report on a timely basis every year for the last ten years. However, for some unexplained reason we did not receive the necessary forms from the Department of State for the 2000 annual report. Upon calling the Secretary's office, I learned that there was several thousand other Florida corporations that also did not receive the necessary forms for their annual filing. In order to reinstate the active status of Consolidated Benefits, Inc., in order to reinstate the active status of Consolidated Benefits, I have enclosed a completed Corporation Reinstatement form. The annual report fee of \$61.25 is also enclosed. However, I am formally requesting that the *reinstatement fee* of \$600.00 and the *corporate supplemental fee* of \$88.75 be waived. The reason for this request is that the necessary forms for filing the 2000 annual report were not mailed to Consolidated Benefits, Inc. by the Florida Department of State. I thank you for your assistance in resolving this matter.

Sincerely,

  
Jerry L. Autry  
President  
Enclosure (2)

JLA/jw