

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M09000002311

**FILED**  
**Oct 13, 2010**  
**Secretary of State**

**Entity Name:** INTERNATIONAL BENEFITS ADMINISTRATORS LLC

**Current Principal Place of Business:**

100 GARDEN CITY PLAZA, SUITE 102  
GARDEN CITY, FL 11530

**New Principal Place of Business:**

**Current Mailing Address:**

100 GARDEN CITY PLAZA, SUITE 102  
GARDEN CITY, FL 11530

**New Mailing Address:**

**FEI Number:** 11-3293162

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LISA MITCHELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LAGALANTE, MICHAEL  
Address: 100 GARDEN CITY PLAZA, SUITE 102  
City-St-Zip: GARDEN CITY, FL 11530

Title: MGR  
Name: SONNENBERG, CAROL  
Address: 40 WEST 51ST STREET  
City-St-Zip: NEW YORK, NY 10020

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL LAGALANTE

VP

10/13/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date