2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Jun 18, 2008
Secretary of State

DOCUMENT# N02000004577

Entity Name: SECURE BENEFIT SERVICES, INC

Current Principal Place of Business:

6009 9TH STREET NORTH
ST PETERSBURG, FL 33703

New Principal Place of Business:

1020 13TH STREET NORTH
ST. PETERSBURG, FL 33705

Current Mailing Address:

6009 9TH STREET NORTH
ST PETERSBURG, FL 33703

New Mailing Address:

1020 13TH STREET NORTH
ST. PETERSBURG, FL 33705

FEI Number: 02-0616337 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

HIGBEE, MICHAEL J
1020 13TH STREET NORTH
ST PETERSBURG, FL 33705 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: MICHAEL J. HIGBEE
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: RYAN, OKEY R
Address: 6009 9TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33703

Title: D (X) Delete
Name: NUTTING, JON F
Address: 6009 9TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33703

Title: DO (X) Delete
Name: LINDSAY, ALEX
Address: 6009 9TH STREET NORTH
City-St-Zip: ST PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: ANDERSON, CHERYL J
Address: 940 43RD AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL J. ANDERSON D 06/18/2008
Electronic Signature of Signing Officer or Director — Date