

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

04 JUN -4 PM 5:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000009134*

1. Corporation Name

Florida Benefits Group, Inc. P.A.

542 Old Oak Circle
542 Old Oak Circle

2. Principal Office Address

542 Old Oak Circle

Suite, Apt. #, etc.

3. Mailing Office Address

542 Old Oak Circle

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Palm Harbor, Florida

Zip

34683

Country

U.S.

Zip

34683

Country

U.S.

700037665357
06/04/04--01033--006 **900.00

REINSTATEMENT *03.04*

4. Date Incorporated or Qualified

To Do Business in Florida 01/24/2001

5. FEI Number

593634790

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

Dennis C. Stone

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

542 Old Oak Circle

Suite, Apt. #, Etc.

City

Palm Harbor

State

FL

Zip Code

34683

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

Dennis C. Stone

Date 06/01/2004

REGISTERED AGENT MUST SIGN

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 |
|--------|--------------------------------------|---|----------------------------|
| DPVTS | Dennis C. Stone | 542 Old Oak Circle | Palm Harbor, Florida 34683 |
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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:

Dennis C. Stone

DENNIS C. STONE

06/01/2004

727-639-3786

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)