


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED
03 MAR 21 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000045388

1. Corporation Name

SENIOR BENEFIT GROUP OF FLORIDA, INC.

2. Principal Office Address

240 N. WASHINGTON BLVD.

3. Mailing Office Address

240 N. WASHINGTON BLVD.

Suite, Apt. #, etc.

STE. 400

Suite, Apt. #, etc.

STE. 400

City & State

SARASOTA FL

City & State

SARASOTA FL

Zip

34236

Country

USA

Zip

34236

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-1100045

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400014450694
03/21/03--01063--001 **300.00

7. Name and Address of Current Registered Agent

Name

BELTON H HEIMAN

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

240 N. WASHINGTON BLVD.

Suite, Apt. #, Etc.

STE. 400

City

SARASOTA

State

FL

Zip Code

34236

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

BELTON H HEIMAN

Date

3-19-03

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
D	LEESA MILLER	240 N. WASHINGTON BLVD., STE. 400	SARASOTA FL 34236
D	BELTON H HEIMAN	240 N. WASHINGTON BLVD., STE. 400	SARASOTA FL 34236

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:

BELTON H HEIMAN, DIRECTOR

Date

3-19-03

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR