## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000156909

Entity Name: STARMARK BENEFITS INC.

FILED Nov 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

2929 UNIVERSITY DR 8751 W BROWARD BOULEVARD CORAL SPRINGS, FL 33065

300

PLANTATION, FL 33324

**Current Mailing Address: New Mailing Address:** 

8751 W BROWARD BOULEVARD 2929 UNIVERSITY DR CORAL SPRINGS, FL 33065

PLANTATION, FL 33324

FEI Number: 14-1917982 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST TALLAHASSEEQ, FL 32399 US

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 D FLAX

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:** 

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition Title: DPST () Delete

FLAX, MICHAEL D Name: Name: 2929 UNIVERSITY DR Address: Address: City-St-Zip: CORAL SPRINGS, FL 33065 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL D FLAX **PRES** 11/01/2005