


# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000005623		
1. Entity Name COMPREHENSIVE BENEFIT SOLUTIONS, INC.		

FILED

07 OCT -8 AM 11:09

CLERK OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 990 BROADWAY STE. E DUNEDIN, FL 34698	Mailing Address 990 BROADWAY STE. E DUNEDIN, FL 34698
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2. Principal Place of Business - No P.O. Box # 601 Cleveland Street Suite, Apt. #, etc. 501-9	3. Mailing Address 601 Cleveland Street Suite, Apt. #, etc. 501-9
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1002200 REINSTATEMENT (1/07) 07

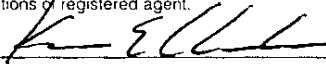
City & State Clearwater, FL	City & State Clearwater, FL
Zip 33755	Zip 33755
Country US	Country US

4. FEI Number 830445795	Applied For <input type="checkbox"/> Not Applicable
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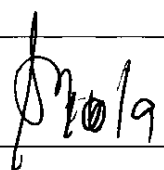
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHAMBERS, KEVIN E 990 BROADWAY STE. E DUNEDIN, FL 34698	
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7. Name and Address of New Registered Agent Name Kevin E Chambers Street Address (P.O. Box Number is Not Acceptable) 601 Cleveland Street Suite 501-9 City Clearwater FL Zip Code 33755	
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8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 10-1-07

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAMBERS, KEVIN E 990 BROADWAY STE. E DUNEDIN, FL 34698 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Kevin E. Chambers 601 Cleveland St. Ste. 501-9 Clearwater, FL 33755 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800110497888 10/08/07--01050--024 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: 	DATE 10-1-07 (561) 239-4783