

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

01 SEP 28 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # P94000012046

1. Corporation Name

Mariner Benefits Corp  
1907 SW Moorings Dr.  
Palm City, FL 34990

2. Principal Office Address

1907 SW Moorings Dr  
Palm City FL 34990

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip  
34990

Country  
Martin

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

65-0467234

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

Jay C. Bumpers

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

1907 SW Moorings Dr

Suite, Apt. #, Etc.

City

Palm City

State  
FL

Zip Code  
34990

**REINSTATEMENT**

9901  
JCB

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

REGISTERED AGENT MUST SIGN

Date

9-26-01

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
<u>Pres</u>	<u>Jay C. Bumpers</u>	<u>1907 SW Moorings Dr</u>	<u>Palm City, FL 34990</u>

000004641670--7  
10/18/01 01049 017  
\*\*\*1050.00 \*\*\*1050.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-26-01

473-6167

561

CR2001 (9/00)