

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 AM 9:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000012046**

1. Corporation Name

MARINER BENEFITS CORP.

Principal Place of Business

Mailing Address

1907 S.W. MOORING DR.
PALM CITY FL 34990
US

1907 S.W. MOORING DR.
PALM CITY FL 34990
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

02/14/1994

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. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	BUMPERS, JAY	1907 S.W. MOORING DR.	PALM CITY FL 34990
			600025161146 12/02/03--01046--016 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BUMPERS, JAY C
1907 S.W. MOORING DR.
PALM CITY FL 34990

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11-28-03

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-03

772-221-0057

Date

Daytime Phone #

CR2E040 (7/03)

November 28, 2003

Florida Department of State
Glenda E. Hood
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Annual Report
Mariner Benefits Corp.
Document # P94000012046
FEI Number 65-0467234

Glenda E. Hood:

I currently own 6 corporations. I had and I must stress "had" a so called Professional Management Company that kept many important matters from my attention. They did not do the job that I paid them to do. Invoices and other important documents were lost or misplaced.

Due to my various investments my time has been spent on the larger projects and I neglected to check on the Management Company who had the power to sign checks and pay bills as they came due. For whatever reason, they did not pay the annual reports. I only found this out when I received your notices of dissolution.

I would greatly appreciate your understanding in this matter. Enclosed are six checks each for \$150.00 to reinstate the six companies.

Very truly yours,

A handwritten signature in black ink, appearing to read "J C Bumpers III", written in a cursive style.

Jay C. Bumpers III