

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000077030

1. Entity Name
MUTUAL BENEFITS CORP.



SECRET
DIVISION OF CORPORATE REGISTRATION

06 OCT 23 AM 8:44

Principal Place of Business
200 E BROWARD BLV
FLOOR 10
FORT LAUDERDALE, FL 33301 US

Mailing Address
200 E BROWARD BLV
FLOOR 10
FORT LAUDERDALE, FL 33301 US

REINSTATEMENT 06



2. Principal Place of Business
43 South Pompano Parkway

3. Mailing Address
43 South Pompano Parkway

Suite, Apt. #, etc.
PMB #112

Suite, Apt. #, etc.
PMB #112

City & State
Pompano Beach, FL

City & State
Pompano Beach, FL

Zip 33069

Country USA

Zip 33069

Country USA

10172006 REIN-P CR2E098 (11/05)

4. FEI Number
65-0528700

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

CAR
MARTINEZ, ROBERTO
255 ARAGON AVE, 2ND FLOOR
CORAL GABLES, FL 33134

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Court Appointed Receiver
Martinez, Roberto
43 South Pompano Parkway, PMB #112
Pompano Beach, FL 33069

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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10/23/06--01068--021 **150.00

☐ Change ☐ Addition

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☐ Change ☐ 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:

[Signature]

Roberto Martinez
Court Appointed Receiver

10/20/06

(954) 582-0220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

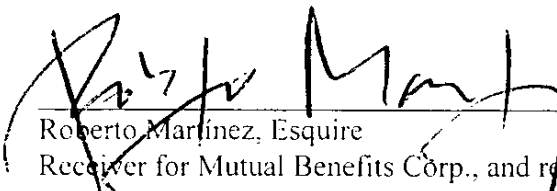
Daytime Phone #

POWER OF ATTORNEY

State of Florida)
) ss
County of Miami-Dade)

KNOW ALL MEN by these present that I, Roberto Martinez, Esquire, as Receiver to Mutual Benefits Corp., Viatical Benefactors, LLC ("VBLLC"), Viatical Services, Inc. ("VSI"), and Anthony Livoti, Jr. P.A., and Anthony Livoti, Jr., in their capacity as Trustee (collectively known as the "Receivership Entities") of Miami-Dade County, State of Florida, do hereby make, constitute, and appoint, Oral Beason, Esquire, as my true and lawful attorney in fact for me and in my name, place, and stead, giving unto Oral Beason, Esquire, full power with respect to the following matters pertaining to any life insurance policy or certificate of insurance owned by or assigned to myself: To execute, deliver, endorse and acknowledge any document or instrument including, but not limited to, any application for conversion or change of Beneficiary in relation to the Mutual Benefits Corporation Receivership process, and as such he may do and perform each and every act that I may legally do through an attorney in fact, and every proper power necessary to carry out the purposes for which this power is granted, with full power of substitution and revocation, hereby ratifying and affirming that which my substitute shall lawfully do or cause to be done by myself or my substitute lawfully designated by virtue of the power herein conferred upon me.

Dated this 13th day of June, 2006.



Roberto Martinez, Esquire
Receiver for Mutual Benefits Corp., and related entities.

The foregoing instrument was acknowledged before me this 12th day of June, 2006;

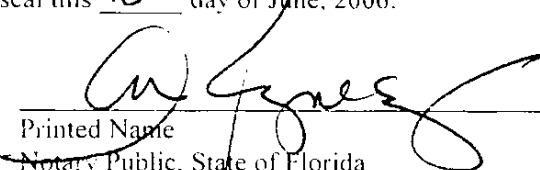
by Roberto Martinez, who is personally known to me.

GIVEN UNDER my hand and official seal this 12th day of June, 2006.

My commission expires:



Alberto Rodriguez
MY COMMISSION # DD229665 EXPIRES
August 16, 2007
BONDED THRU TROY FAIN INSURANCE, INC.



Printed Name
Notary Public, State of Florida
At Large