

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 FEB -6 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA5000069349**
1. Corporation Name **BENEFIT ADMINISTRATORS, INC.**
1609 TOWNE CENTRE BLVD
WESTON, FL. 33326

Principal Place of Business Mailing Address
1609 TOWNE CENTRE BLVD SAME
WESTON, FL. 33326

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable		3. New Mailing Address, if Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		9/8/95	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0601030	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, D	PARRY GOODMAN	2905 LUCKIE RD	WESTON, FL 33331
S, D	IVY GOODMAN	2905 LUCKIE RD	WESTON, FL 33331
V.P.	WALTER FIARMAN	11001 NW 13 COURT	CANAL SPRINGS, FL 33071

500002428175--5
02/11/98 0110 000
****323.75 ****323.75

8. Name and Address of Current Registered Agent

PAUL SALVER
5881 NW 151 ST, SUITE 101
MAMI LAKES, FL. 33014

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

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.

Signature of Registered Agent Date 2/5/98
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on Intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: WALTER FIARMAN 2/5/98 954 384-1000

CE-020512065

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SALVER & MUSSMAN, P.A.
ATTORNEYS AT LAW
5881 N.W. 151st Street
Suite 101
Miami Lakes, Florida 33014

Paul Salver
Jay D. Mussman

February 5, 1998

Florida Secretary of State
Reinstatement Section
409 East Gaines Street
Tallahassee, FL 32301

Re: Reinstatement of Benefit Administrators, Inc.

Dear Sir or Madam:

Please be advised that Benefit Administrators, Inc. moved its offices from 1200 South Pine Island Road, Suite 300 Plantation, FL 33324 to 1609 Town Center Blvd., Weston, FL 33326 in late 1996.

The company experienced significant problems in having its mail forwarded and it took many months to alleviate this problem. Additionally, the post office prematurely terminated the company's change of address forwarding instructions, which caused the company to suffer even further problems and delays.

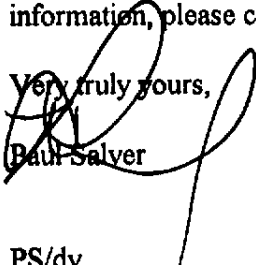
For this reason, the company believes that it did not receive its 1997 Annual Report forms and as a result did not file its Annual Report for the year 1997.

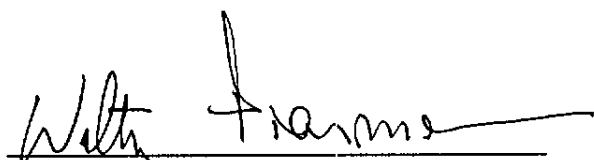
Benefit Administrators has completed the enclosed application for reinstatement and hereby encloses its check in the amount of \$315 representing the 1997 and 1998 Annual Report fees.

We respectfully request that the reinstatement penalties be abated since the corporation did not receive its 1997 Annual Report forms.

Also enclosed is an additional fee of \$8.75 for a Certificate of Status.

Thank you very much for your assistance in this matter and should you need any additional information, please contact the undersigned.

Very truly yours,

Paul Salver


Walter Fiarman, Controller
Benefit Administrators, Inc.

PS/dv
Enclosures