APPROVED AND FILED

00 MAY 31 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

DOCUMENT # P96000015411

1. Corporation Name: LIFE BENEFITS GROUP, INC

2. Principal Office Address	3. Mailing Office Address
ONE FINANCIAL PLAZA	ONE FINANCIAL PLAZA
Suite, Apt. #, etc.: 1615	Suite, Apt. #, etc.: 1615
City & State: FT. LAUDERDALE, FL	City & State: FT. LAUDERDALE, FL
Zip: 33394 Country: USA	Zip: 33394 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 2/15/96

5. FEI Number: 65-0643198 — 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: JAMES L. COPLEY

Street Address (P.O. Box Number is Not Acceptable): ONE FINANCIAL PLAZA

Suite, Apt. #, Etc.: #1615

City: FT. LAUDERDALE State: FL Zip Code: 33394

100003272227--7
-05/31/00--01066--010
***1208.75 ***1208.75

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

Signature of Registered Agent: _____ Date: 5.30.00
REGISTERED AGENT MUST SIGN

CR2E081 (9/98)

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	JAMES L. COPLEY	3200 Port Royal Dr #904 FT.LAUD,FL	FT. LAUD, FL 33308
V.P.	JAMES RICKETTS	14741 Lewis Road	Miami, FL 33014
V.P	CARL Lamonto	3221 S.E. 12th ST #B1	Pompano, FL 33062

REINSTATEMENT 97-2000
$8.75

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: _____ 5.30.00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #