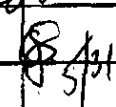
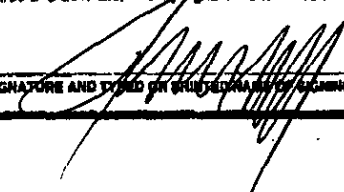


APPROVED
AND
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		00 MAY 31 PM 12:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P96000015411					
1. Corporation Name LIFE BENEFITS GROUP, INC					
2. Principal Office Address ONE FINANCIAL PLAZA Suite, Apt. #, etc. 1615 City & State FT. LAUDERDALE, FL Zip 33394 Country USA		3. Mailing Office Address ONE FINANCIAL PLAZA Suite, Apt. #, etc. 1615 City & State FT. LAUDERDALE, FL Zip 33394 Country USA		4. Date Incorporated or Qualified To Do Business in Florida 2/15/96 5. FEI Number 65-0643198 6. CERTIFICATE OF STATUS DESIRED ☒ Sub 25. 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					
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0605, F.S. Signature of Registered Agent  Date 5.30.00 REGISTERED AGENT MUST SIGN					
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		
PRES	JAMES L. COPLEY	3200 Port Royal DR #904 FT. LAUD, FL	FT. LAUD, FL 33308		
V.P.	JAMES RICKETS	14741 Lewis Road	MUMFORD, FL 33014		
V.P.	CARL Lamonto	3221 S.E. 12th ST #B1	Pompano, FL 33062		
REINSTATEMENT 97-2000 					
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 110.07(3)(D), 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:  Date 5.30.00 SIGNATURE AND TITLE OF AUTHORIZED SIGNING OFFICER OR DIRECTOR Daytime Phone #					