

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

DOCUMENT # P96000027070

1. Corporation Name

REGIONAL BENEFITS, INC.

FILED  
01 DEC 31 PM 12:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01

2. Principal Office Address

3821-B TAMiami TRAIL

Suite, Apt. #, etc.

#103

City & State

PORT CHARLOTTE, FL

Zip

33952

Country

USA

3. Mailing Office Address

P.O. BOX 495489

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

Zip

33949

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3-22-96

5. FEI Number

65-0653382

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

VINCENT J. SALVATI

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

3821-B TAMiami TRAIL

Suite, Apt. #, Etc.

#103

City

PORT CHARLOTTE

State

FL

Zip Code

33952

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

V. Salvati

REGISTERED AGENT MUST SIGN

Date 12/25/01

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
D	VINCENT J. SALVATI	3821-B TAMiami TRAIL #103	PORT CHARLOTTE, FL 33952

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:

V. Salvati

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VINCENT J. SALVATI

12/25/01

Date

941-6246229

Daytime Phone #