

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # P96000103398

1. Corporation Name

AMERICAN PENSION BENEFITS, INC.

Principal Place of Business Mailing Address

1964 HOWELL BRANCH
SUITE 106
WINTER PARK FL 32792

1964 HOWELL BRANCH
SUITE 106
WINTER PARK FL 32792

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

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 12/26/1996
5. FEI Number 59-3420928
6. CERTIFICATE OF STATUS DESIRED [] \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 98

APPROVED AND FILED
98 NOV 30 AM 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	LAMORIELLO, NICHOLAS J	201 S. ORANGE AVE.	ORLANDO FL 32801

500002706305-1
-12/08/98--01067--010
***750.00 ***750.00

12/13

8. Name and Address of Current Registered Agent
9. Name and Address of New Registered Agent

LAMORIELLO, NICHOLAS J
201 S. ORANGE AVE.
SUITE 1205
ORLANDO FL 32801

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent [Signature] **SIGNATURE REQUIRED** Date 11-24-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [] No [] (See other side for information on intangible tax.)

12. 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)(f), 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: [Signature] **SIGNATURE REQUIRED** Date 11-24-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 481-9450

CR2E040 (9/98)