

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

APPROVED
AND
FILED

00 JAN -6 PM 1:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000003679**

1. Corporation Name

National Benefit Resource Administrators, Inc.

2. Principal Office Address

1000 South Broad Street

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34601

Country

Hernando

3. Mailing Office Address

1000 South Broad Street

Suite, Apt. #, etc.

City & State

Brooksville, Florida

Zip

34601

Country

Hernando

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-14-97

5. FEI Number

59-3421755

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

Gerald Baum

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

22238 Mann Road

Suite, Apt. #, Etc.

City

Brooksville, Florida

State

FL

Zip Code

34602

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

Gerald Baum

REGISTERED AGENT MUST SIGN

Date 01-04-00

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
V-S P-T	Gerald Baum	22238 Mann Road	Brooksville, FL 34602
			400003095294--5 -01/11/00--01101--007 *****900.00 *****900.00
			400003095294--5 -01/11/00--01101--008 *****8.75 *****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:

Gerald Baum, GERALD BAUM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-04-00

Date

(352) 848-0080

Daytime Phone #

[Signature]
1-6