PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 OCT 11 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000101686

1. Corporation Name

SENIOR BENEFIT CENTERS OF AMERICA, INC.

REINSTATEMENT 02-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
5700 LAKE WORTH RD.	
Suite, Apt. #, etc.: SUITE 106	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State
Zip: 33463 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 05/18/1995

5. FEI Number: [redacted] 65-0845046 ☐ 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: Michael J McGoey CPA Inc

Street Address (P.O. Box Number is Not Acceptable): 639 East Ocean Ave

400080741364
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Suite, Apt. #, Etc.: Suite 101

City: Boynton Beach State: FL Zip Code: 33435

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: MJMcA

REGISTERED AGENT MUST SIGN

Date: 10/9/06

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
DP	WEINBERG, ROY	5700 LAKE WORTH RD., SUITE 106	LAKE WORTH FL 33463

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 contained in Chapter 119, 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: Roy G. Weinberg, Pres 10/10/06 561-641-8171

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