

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000051240	
1. Entity Name SENIOR BENEFITS OF FLORIDA, INC.	



FILED

08 DEC -3 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08

Principal Place of Business 799 SKYLAND AVE PANAMA CITY, FL 32401 US	Mailing Address 799 SKYLAND AVE PANAMA CITY, FL 32401 US
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2. Principal Place of Business, No P.O. Box # 303 Hollis Ave	3. Mailing Address 303 Hollis Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Panama City, FL	City & State Panama City, FL
Zip 32401	Country USA
Country USA	Zip 32401

4. FEI Number 59-3516584	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HAMM, GERALD ESQ. 1007 JENKS AVENUE PANAMA CITY, FL 32401	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P O'BRYAN, SCOTT 403 PARK PLAZA DR OWENSBORO, KY 42301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800138410878 12/03/08--01036--001 ***150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ANDERSON, BRADLEY 403 PARK PLAZA DR OWENSBORO, KY 42301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, ERIC 2720 FREDERICA ST OWENSBORO, KY 42301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ANDERSON, TODD 2720 FREDRICA ST OWENSBORO, KY 42301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:	12-1-08	850-819-8145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #