

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**FILED**

00 OCT 16 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P98000083035**

1. Corporation Name

**INTEGRATED CORPORATE BENEFITS, INC.**

Principal Place of Business

Mailing Address

424 CENTRAL AVENUE  
SUITE 600  
ST. PETERSBURG FL 33701

424 CENTRAL AVENUE  
SUITE 600  
ST. PETERSBURG FL 33701

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

**REINSTATEMENT 2000**

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

09/23/1998

**SP**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3536182

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<del>D</del>	<del>SIMMONS, ANDRANI S</del>	<del>424 CENTRAL AVENUE STE 600</del>	ST. PETERSBURG FL 33701
D	PENNACHIO, FRANK	424 CENTRAL AVENUE STE 600	ST. PETERSBURG FL 33701

200003436902---3  
-10/24/00--01067--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PENNACHIO, FRANK  
424 CENTRAL AVENUE  
SUITE 600  
ST. PETERSBURG FL 33701

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State <b>FL</b> Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*Frank Pennachio*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-13-00

11. 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:** *Frank Pennachio*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date 10-13-00 727-824-0800  
Daytime Phone #

CR2E040 (8/00)