

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 AUG -2 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 198000092242

1. Corporation Name

HR BENEFITS SERVICES, INC.

2. Principal Office Address

150 S.E. 25 ROAD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

8F

Suite, Apt. #, etc.

SAME

City & State

MIAMI, FLORIDA

City & State

SAME

Zip

33129

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/98

5. FEI Number

16-0879187

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

MARIO ROIZ

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

150 SE 25 ROAD

Suite, Apt. #, Etc.

8F

City

MIAMI, FL.

State

FL

Zip Code

33129

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

REGISTERED AGENT MUST SIGN

Date 7/12/01

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
<u>P/D</u>	<u>MARIO ROIZ</u>	<u>150 SE 25 ROAD, 8F</u>	<u>MIAMI, FL. 33129</u>
<u>S/T</u>	<u>VIVIAN ROIZ</u>	<u>836 MADRID ST. CORAL GABLES</u>	<u>FL. 33134</u>

REINSTATEMENT

99-01 T8

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-12-01 (305) 969-7670