1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 MAY -2 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99 000039218

1. Corporation Name
National Viaticals, Inc

YBR
00-02

2. Principal Office Address	3. Mailing Office Address
761 N.W. 4th Ct	same as (2)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boca Raton, Fla	City & State
Zip: 33432 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/99

5. FEI Number — ✓ 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: Albert Michael Trombino
Street Address (P.O. Box Number is Not Acceptable): 761 Northwest Fourth Court
Suite, Apt. #, Etc.:
City: Boca Raton State: FL Zip Code: 33432

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: [signature] Date: 4/9/02
REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
1	President- Albert M. Trombino	761 N.W. 4th Ct	Boca Raton, Flg. 33432

100005508911--3
-05/14/02--01045--008
****450.00 ****450.00

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] 4/9/02 5613912396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB

2 of 2

MUTUAL BENEFITS CORPORATION

To Whom it may concern,

Please be advised that my corporation never received the 2000 Uniform Business Report to file to keep my Corporation current. Please Keep this form & accept this check to reinstate my corporation National Viaticals Inc, I donot want to pay the additional penalties.

Sincerely

A. Michael Trombino

Tel. 954 525-8885 • Fax 954 525-8664 • 1-800-896-7990 • email: mutualben@aol.com
900 East Broward Blvd. 10th Floor FT. Lauderdale Fl. 33301