

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 28 PM 12:55

DOCUMENT # **P99000052427**

1. Corporation Name

Preferred Benefit Solutions, Inc.

200004717012--9

-12/10/01--01093--003

******750.00 ****750.00**

REINSTATEMENT 01

2. Principal Office Address

9108 U.S. Highway 19N.

3. Mailing Office Address

P.O. Box 1438

Suite, Apt. #, etc.

2nd Floor

Suite, Apt. #, etc.

City & State

PORT RICHEY FL 34668

City & State

NEW PORT RICHEY, FL

Zip

34668

Country

USA

Zip

34656

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/9/1999

5. FEI Number

59-3583423

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

J. Paul Raymond

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

625 Court Street

Suite, Apt. #, Etc.

Suite 200

City

Clearwater

State
FL

Zip Code

33756

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]

REGISTERED AGENT MUST SIGN

Date

11/20/01

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
PRES.	Michael A. FOSTER	10630 Casey DRIVE	NEWPORT RICHEY FL 34654
V.P.	Wendy J. Burnette	1942 Sugar Maple Crt.	New Port Richey FL 34655

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/12/01

Daytime Phone #

(727) 815-0866