

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 AUG 11 AM 8:00

DOCUMENT # 099000106251

**1. Corporation Name**

Employee Benefit Strategies, Inc.

181 Commodore Dr.

181 Commodore Dr.

**2. Principal Office Address**

181 Commodore Dr.

Suite, Apt. #, etc.

**3. Mailing Office Address**

181 Commodore Dr.

Suite, Apt. #, etc.

City & State

Jupiter, FL

City & State

Jupiter, FL

Zip

33477

Country

USA

Zip

33477

Country

USA

800040083168  
08/11/04--01024--001 \*\*1358.75

**REINSTATEMENT** 00-04

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/06/99

**5. FEI Number**  
52 2276676

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

Vincent DiMonaco

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

181 Commodore Dr.

Suite, Apt. #, Etc.

City

Jupiter

State  
**FL**

Zip Code  
33477

**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

Vincent DiMonaco

Date

8/6/04

REGISTERED AGENT MUST SIGN

**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
CEO	Janis S. DiMonaco	181 Commodore Dr.	Jupiter, FL 33477

**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:**

Janis S. DiMonaco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/04

Date

561-743-3432

Daytime Phone #

CR2E061 (01/04)