

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT OF CORPORATIONS
 DEPARTMENT OF STATE
 ANDREW W. GONZALEZ, Secretary
 DIVISION OF CORPORATIONS

DOCUMENT # **S21931**

1. Corporation Name
CREATIVE BENEFIT APPROACHES, INC.

FILED

97 APR 18 AM 11:52

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

8401 NW 53RD TER SUITE 204 MIAMI FL 33166

8401 NW 53RD TERR. SUITE 204 MIAMI FL 33166 US

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



2. New Principal Office Address, If Applicable
P.H. # 1 - 1570 MADRUGA

3. New Mailing Office Address, If Applicable
SAME

4. Date Incorporated or Qualified To Do Business in Florida
12/12/1990

5. FEI Number
65-0234461

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	SINGER, SHELDON L.	8401 NW 53RD TERR., #200 1570 MADRUGA AVE. PH 1	MIAMI FL CORAL GABLES FL. 33146
D	GLUCKSTERN, STEVEN F.	8401 NW 53RD TERR., #200 1570 MADRUGA AVE. PH 1	MIAMI FL CORAL GABLES FL. 33146

8. Name and Address of Current Registered Agent
SINGER, SHELDON L.
8401 NW 53RD TER
SUITE 204
MIAMI FL 33166

9. Name and Address of New Registered Agent
 Name: **SHELDON L. Singer**
 Street Address (P.O. Box Number is Not Acceptable): **1570 MADRUGA AVE.**
 Suite, Apt., Etc.: **P.H. # 1**
 City: **CORAL GABLES** State: **FL** Zip Code: **33146**

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: *[Signature]* Date: **4/15/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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]* **Sheeldon Singer** 4/15/97 305 665-4885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRECOR (7/96)

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Employee Benefits • Retirement Planning • Estate Planning

April 15, 1997

Ms. Leslie Sellers
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

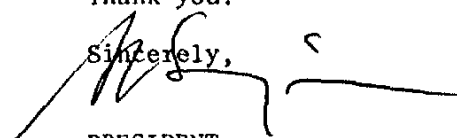
Dear Ms. Sellers:

Please accept our check in the amount of \$365. This represents re-instatement of the corporation and 1997 current fees.

As you can see we moved from 53rd Terrace and for some reason this notice of re-instatement did not reach us until late in the fall, at our new address. To compound matters the person in charge of notifying me never even opened the form. For this we apologize and hope you will accept our remittance and amend our status accordingly.

Thank you.

Sincerely,



PRESIDENT