


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

01 NOV -8 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 821543 1. Corporation Name CORPORATE HEALTH INSURANCE COMPANY			
2. Principal Office Address 980 JOLLY ROAD Suite, Apt. #, etc.		3. Mailing Office Address 151 FARMINGTON AVENUE Suite, Apt. #, etc. W101	
City & State BLUE BELL, PA		City & State HARTFORD, CT	
Zip 19422	Country U.S.	Zip 06156	Country U.S.

REINSTATEMENT *2001*

EP

4. Date Incorporated or Qualified To Do Business in Florida 12/01/1956	
5. FEI Number 23-2: 710210	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name CT CORPORATION			
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD		000004690710--1 -11/21/01--01042-004 ****750.00 ****750.00	
Suite, Apt. #, Etc.			
City PLANTATION	State FL	Zip Code 33324	

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]* **SALVINA ARIENTA-GRAY**
 SPECIAL ASSISTANT SECRETARY 11-5-01
 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
P/D	FELICIA FARR NORWOOD	2001 RENAISSANCE BOULEVARD	KING OF PRUSS PA 19406
VP/S	GREGORY STEPHEN MARTINO	980 JOLLY ROAD	BLUE BELL PA 19422
VP/T	DAVID CHARLES SMYK	980 JOLLY ROAD	BLUE BELL PA 19422
VP	BLAKE WALKER MARTIN	151 FARMINGTON AVENUE	HARTFORD CT 06156
SIO	PAUL JEREMIAH SELIAN	151 FARMINGTON AVENUE	HARTFORD CT 06156

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]* **BLAKE W. MARTIN** 10/29/01 860-952-316
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 8, 2001

CORPORATE HEALTH INSURANCE COMPANY
CT CORPORATION SYSTEM
*****WALK-IN*****
HARTFORD, CT 06156 US

SUBJECT: CORPORATE HEALTH INSURANCE COMPANY
Ref. Number: 821543

We have received your document for CORPORATE HEALTH INSURANCE COMPANY and check(s) totaling \$750.00. However, your check(s) and document are being returned for the following:

The Federal Employer Identification Number listed in Block 4 appears to be invalid. An FEI number is comprised of nine digits and it is not the same as your Social Security number. Please amend your document accordingly. For more information about the FEI number, please call the Internal Revenue Service at 1-800-829-1040.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Kathy Ashton
Document Specialist

Letter Number: 701A00060873

FEI number corrected (it contained an extra digit)

Please backdate and file, thanks!

Laura @CT

RECEIVED
01 NOV - 9 PM 3:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA