

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

00 JUL 12 PM 2:08

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

DOCUMENT #

P35385

1. Corporation Name

Chartered Benefit Services, INC.

2. Principal Office Address

315 W. University Drive

Suite, Apt. #, etc.

3. Mailing Office Address

315 W. University Drive

Suite, Apt. #, etc.

City & State

Arlington Heights, IL

Zip Country

60004 Cook

City & State

ARLINGTON HEIGHTS, IL

Zip Country

60004 Cook

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

36-347665

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

JAMES ROBERT SWANSON

600003343966

-6

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

1671 CLOVER DRIVE

08/02/00 01054

01

***1415.00 ***1415.00

Suite, Apt. #, Etc.

City

INNERNESS

State

FL

Zip Code

60067

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

James R. Swanson

REGISTERED AGENT MUST SIGN

Date

5/5/00

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.	JAMES R. SWANSON	1671 CLOVER DRIVE	INNERNESS, IL 60067
EXP. / COO	RANDAL J. TYLIN	704 STONEY BROOK DR.	NAPERVILLE, IL 60565
SECRETARY	DIANE FLANAGAN	1104 GEORGETOWN WAY #2	VERNON HILLS, IL 60061
CEO	DONALD J. HALLAGAN	2211 THORNWOOD AVE.	WILMETTE, IL 60091

93-00086 TS

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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randal J. Tylin

5/3/00

Date

847/297-8500

Daytime Phone #



DO NOT REMOVE

Chartered Benefit Services, Inc.

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May 2, 2000

To Whom It May Concern:

In 1993 we moved from 2385 Hammond Drive, Schaumburg, IL, 60173 to 315 W. University Drive, Arlington Heights, IL, 60004. We did not receive our Annual Report that you had mailed to us back in 1993; therefore, we neglected to fill out reports from 1993 to present. Enclosed please find our check in the amount of \$1208.75. This is our reinstatement fee for 1993 to present as well as our fee for a certificate of status.

If you have any questions please call me directly at 847-368-7103. Thank you for your assistance.

Sincerely,

Donna Sumner
Licensing

Enc.