P.3/4

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## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

00 JUL 12 PM 2:08

STATE TARY OF STAFE.
TALLAMADSEE, PLORIDA

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10	$\sim$ 1	18.4	ıT	ш

1. Corporation Name

P35385

		j		
Chartered Benefit S	Services, INC.	1		•
Principal Office Address	3. Malling Office Address			
315 W. University Drive	3.5 W. University Drive	m		
15 W. WHIVEISITY DRIVE	Sulte, Apt. #, etc.	<u>e</u>	-	
			porated or Qualified liness in Florids	1992
Arlinaton Heights IL	ARINGTON HEIGHTS, I	5. FEI Number	or 36-347665	Applied For
Country	Zip Country	6.		Not Applicable 75 Additional Fee required
60004 Cook	60004 COOK	CERTIFICATI	E OF STATUS DESIRED	15 Additional Fee required for a Centificate of Status
	7. Name and Address of Current R	Registered Agent	1	
Name JAMES R	ROBERT SWANSON	6	000003343	3966 -6
Street Address (P.O. Box Number is N	Not Acceptable)	57 TA	***1415.00	***14 <b>1</b> 5.00
Suite, Apt. #, Etc.	R ORIVE	<u> </u>		
		···	TL	
INVERNESS			State Zip Code	0067
. I, being appointed the reglatered agent of the abo	ove named corporation, am familier with and acce	pt the obligations of secti		
Signature of	Januar .		- dela	
Registered Agent Agent	EGISTERED AGENT MUST SIGN		Date 3/3/05	<i>v</i>
ાંકુમાંક and Street Addresses of Each Officer an	id/or Director (Florida nonprofit corporations must	list at least 3 directors)	<del></del>	
Titles Name of Officers and/or Directors	Stroot Address	of Each	City / Stat	ito / Zlp
RES. JAMES R. Su	JANSON_ 1671 CLOVER P.	Pive	INVERNESS,	IZ 60067
EVELCOO RANDAL J. TULIN	N 704 Stoney	Brook DR.	NAPERVIllE, IZ	
PHANE FLANAG.	AN 1104 GEORGETOWN	V WAy #2	Vernon Hills,	IL 60061
FO DONALD J. HALLA			Wilmette, IZ (	00091
				·
			93-00	UBP 18
D. I certify that I am an officer or director or the reco	olver or trustoo ompowored to execute this applicat			certify that when filling

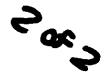
2. I certify that I am an officer or director or the receiver or trustoe empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all foos 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 shallhave the same legal office as if made under eath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNANG OFFICER OR DIRECTOR

5/3/00

S47/797-8570 Daylfine Phone #



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.