

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

98 NOV 18 PM 2:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**APPLICATION FOR REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **680155**

1. Corporation Name  
**CO-ORDINATED BENEFIT PLANS, INC.**

Principal Place of Business  
**26133 U.S. HIGHWAY 19 NORTH SUITE 250 CLEARWATER, FLORIDA 34623**

Mailing Address  
**P.O. BOX 26594 TAMPA, FLORIDA 33622**

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip Country

**REINSTATEMENT** *90-98*

4. Date Incorporated or Qualified To Do Business in Florida  
**July 23, 1980**

5. FEI Number  
**59-2014829**

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

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, P, T	WILLIAM TUOMEY	26133 U.S. HIGHWAY 19 NORTH SUITE 250	CLEARWATER, FL 34623
VP, S	MICHAEL TUOMEY	26133 U.S. HIGHWAY 19 NORTH SUITE 250	CLEARWATER, FL 34623
			000002691930--8 -11/19/98--01087--014 ****758.75 ****758.75 000002691930--8 -11/19/98--01087--015 ****300.00 ****300.00

8. Name and Address of Current Registered Agent  
**WILLIAM T. TUOMEY  
25400 U.S. HIGHWAY 19 NORTH SUITE 264  
CLEARWATER, FL 34623**

9. Name and Address of New Registered Agent  
Name **JOHN L. MALONEY**  
Street Address (P.O. Box Number is Not Acceptable) **3663 CENTRAL AVENUE**  
Suite, Apt. #, Etc.  
City **ST. PETERSBURG** State **FL** Zip Code **33713**

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 *John L. Maloney* REGISTERED AGENT MUST SIGN Date **11/17/98**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **11/17/98** Daytime Phone #

CR26040 (1/98)