

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **680155**

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

Principal Place of Business

Mailing Address

26133 US HIGHWAY 19 NORTH
SUITE 250
CLEARWATER FL 33763
US

P O BOX 20594
TAMPA FL 33622
US

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.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
02 OCT 25 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT



500008584445
10/25/02--01011--024 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

07/23/1980

5. FEI Number

59-2014829

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPT	TUOMEY, WILLIAM	26133 U.S. HIGHWAY 19 NORTH, SUI	CLEARWATER FL 33763
VPS	TUOMEY, MICHAEL	26133 U.S. HIGHWAY 19 NORTH, SUI	CLEARWATER FL 33763

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MALONEY, JOHN L
3663 CENTRAL AVENUE
ST. PETERSBURG FL 33713

Name

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

3862 Central Avenue

Suite, Apt. #, Etc.

City

State

Zip Code

FL

33711

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. or 617.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED
John L. Maloney
REGISTERED AGENT MUST SIGN

Date 10/22/02

11. 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 REQUIRED
Michael T. Tuomey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/02 727-799-9188
Date Daytime Phone #

CR2E040 (8/02)