

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 835606

1. Corporation Name

American Benefit Plan Administrators, Inc.

Principal Place of Business

Mailing Address

4401 Santa Anita Ave.
El Monte, CA 91731

P.O. Box 1160
Columbus, Ohio 43216
1160

REINSTATEMENT

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

4. Date Incorporated or Qualified
To Do Business in Florida

August 4, 1967

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-1702986

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	Alan Paul Fazer	4401 Santa Anita Ave.	El Monte, CA 91731
D	George Edward Lucco	3401 Morse Crossing	Columbus, OH 43219
D/C	Robert R. Parker	3501 Frontage Road	Tampa, FL 33607
EVP	James K. Murray III	3501 Frontage Road	Tampa, FL 33607
T	Dave Still	3501 Frontage Road	Tampa, FL 33607
S	Phillip Steven Dingle	3501 Frontage Road	Tampa, FL 33607

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT Corporation System
1200 South Pine Island Road
Plantation, FL 33324

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

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

Laura R. Dunkley

REGISTERED AGENT MUST SIGN

Date

05/07/99

05/07/99

05/07/99

05/07/99

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)(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

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Edward Lucco - President

Date

Daytime Phone

(614) 470-7000