

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 MAR 28 PM 5:35  
 DEPARTMENT OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # 835606

1. Corporation Name

American Benefit Plan Administrators, Inc.

Principal Place of Business

Mailing Address

~~WYH00007171~~

4401 Santa Anita Ave.  
 El Monte, CA 91731

P.O. Box 1160  
 Columbus, Ohio 43216  
 1160

**REINSTATEMENT**

AO  
 97941

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		August 4, 1967	
City & State		City & State		5. FEI Number	
				95-1702986	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
				Applied For	
				Not Applicable	

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  
 State  
 FL  
 Zip  
 32301

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, its Agent  
 REGISTERED AGENT MUST SIGN

Date  
 05/07/99  
 \*\*\*150.00 \*\*\*150.00

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)(ii), 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

11/2/99 (614) 470-7000  
 Date Daytime Phone