

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 DEC 27 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 857714

1. Corporation Name

UNITED CHAMBERS ADMINISTRATORS, INC.

Principal Place of Business

1805 HIGH POINT DRIVE  
ATTN: ACCOUNTING  
NAPERVILLE IL 60563-6361

Mailing Address

1805 HIGH POINT DRIVE  
ATTN: ACCOUNTING  
NAPERVILLE IL 60563-6361



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

09/13/1983

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

36-3105380

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	MEITZEN, GAYLIA R	1805 HIGH POINT DRIVE	NAPERVILLE IL 60563
VT	GOLDSTEIN, BRADLEY J	1805 HIGH POINT DRIVE	NAPERVILLE IL 60563 LS
<del>F</del>	<del>YEDINAK, DAVID A</del>	<del>1805 HIGHPOINT DR</del>	<del>NAPERVILLE IL 60563</del>
SV	SAWICZ, RICHARD		
<del>AT</del>	<del>YEDINAK, DAVID A</del>	<del>1805 HIGH POINT DRIVE</del>	<del>NAPERVILLE IL 60563</del>
DV	HERR, TIMOTHY		
<del>P</del>	<del>MARSH, JEREMIAH</del>	<del>1805 HIGH POINT DRIVE</del>	<del>NAPERVILLE IL 60563</del>
M	COTE, BRIAN		
P	SAWICZ, THOMAS	1805 HIGH POINT DRIVE	NAPERVILLE IL 60563

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

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

*Barbara A. Burke* **BARBARA A. BURKE**  
**SPECIAL ASSISTANT SECRETARY**

REGISTERED AGENT MUST SIGN

Date

12/3/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SENIOR VICE PRESIDENT

**BRADLEY J. GOLDSTEIN**

Date

Daytime Phone #

11-29-99

630 577 8404