

PLEASE

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 JAN -6 AM 8:29

DOCUMENT # F00000003116

1. Corporation Name

EBENX, INC.

Principal Place of Business

605 NORTH HIGHWAY 169, SUITE LL  
MINNEAPOLIS MN 55441-6465

Mailing Address

605 NORTH HIGHWAY 169, SUITE LL  
MINNEAPOLIS MN 55441-6465

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

11405 Bluegrass Pkwy.

Suite, Apt. #, etc.

City & State

Louisville, KY

Zip

40299

Country

USA

REINSTATEMENT

03-09



100026219681

01/06/04--01082--022 \*\*750.00

4. Date Incorporated or Qualified  
To Do Business in Florida

06/01/2000

5. FEI Number

41-1758843

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
<del>P/D</del>	<del>TERNEY, MARK W.</del> David A. Nelson	<del>605 NORTH HIGHWAY 169, SUITE LL</del> 11405 Bluegrass Pkwy.	<del>MINNEAPOLIS MN 55441</del> Louisville, KY 40299
<del>V/D</del>	<del>SCHMIDT, RANDALL J</del> Merle A. Ryland	<del>605 NORTH HIGHWAY 169, SUITE LL</del> 11405 Bluegrass Pkwy.	<del>MINNEAPOLIS MN 55441</del> Louisville, KY 40299
<del>CEO</del> <del>S/D</del>	<del>DAVIS, JOHN J</del> David P. Haick	<del>605 NORTH HIGHWAY 169, SUITE LL</del> 11405 Bluegrass Pkwy.	<del>MINNEAPOLIS MN 55441</del> Louisville, KY 40299
<del>CIO</del>	<del>SHADE, JOHN J</del>	<del>605 NORTH HIGHWAY 169, SUITE LL</del>	<del>MINNEAPOLIS MN 55441</del>
			100026219681 01/08/04--01007--022 **150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name  
NRAI Services, Inc.  
Street Address (P.O. Box Number is Not Acceptable)  
526 E Park Ave.  
Suite, Apt. #, Etc.  
City  
Tallahassee  
State  
FL  
Zip Code  
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. or 617.0505, F.S.

Signature of  
Registered Agent

Carmon Dixon, Assistant Secretary Date 1-5-2004

REGISTERED AGENT MUST SIGN

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:

David P. Haick

David P. Haick

11-10-03

(508)267-3135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (7/03)