

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV -8 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



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

DOCUMENT #

1. Corporation Name

F00 000005799

Harrington Benefit Services, Inc.

2. Principal Office Address

6160 Summit Drive

Suite, Apt. #, etc.

Suite 500

City & State

Brooklyn Center, MN

Zip

55430

Country

USA

3. Mailing Office Address

6160 Summit Drive

Suite, Apt. #, etc.

Suite 500

City & State

Brooklyn Center, MN

Zip

55430

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/00

5. FEI Number

41-1982309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32031

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Laura D. Mudra

REGISTERED AGENT MUST SIGN

Date 11-04-2002

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir./ Pres.	George Lucco	675 Brooksedge Blvd.	Westerville, OH 43081
Exec. V.P.	Jeffrey Mills	675 Brooksedge Blvd.	Westerville, OH 43081
Exec. V.P.	Andrew Thompson	2500 Maitland Pkwy. Ste.100	Maitland, FL 32751
CFO	Terry Moore	675 Brooksedge Blvd.	Westerville, OH 43081
Secr.	Shane Kelley	6160 Summit Drive Ste.500	Brooklyn Center, MN 55430

10. 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:

Shane Kelley

Shane Kelley

11/6/02

763-549-3353

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/01)

Harrington

HARRINGTON BENEFIT SERVICES INC.

6160 Summit Drive, Suite 560, Brooklyn Center, MN 55430

P (763) 585-5998 F (763) 585-7178

harringtonbenefits.com

November 6, 2002

Florida Secretary of State
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Via Express Mail

RE: Florida Reinstatement
Harrington Benefit Services, Inc., FEIN 41-1982309

Licensing Division:

Harrington Benefit Services, Inc is sending you the corrected reinstatement form to comply with Florida law. You have already received the check. The other reinstatement that was returned was sent to an incorrect address and we have not gotten it back. This is a replacement reinstatement form.

If you have any questions or require additional information, please feel free to contact me at (763) 549-3353.

Sincerely,

Brett Stevens
Licensing Administrator

Enclosure