

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 OCT 26 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000001529

1. Corporation Name

BENEFIT PLAN ADMINISTRATORS, INC. OF NEW YORK

Principal Place of Business

ONE HUNTINGTON QUADRANGLE
SUITE 4N
MELVILLE NY 11747

Mailing Address

ONE HUNTINGTON QUADRANGLE
SUITE 4N
MELVILLE NY 11747

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

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 99

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/1995

5. FEI Number

11-3274925

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
CD	ISERNIO, ALBERT E	242 BROOKVILLE LANE	OLD BROOKVILLE NY 11545
D	ADDEO, JOHN	70 VALLEY ROAD	NEW CANAAN CT
D	MIZEL, BERNARD	410 EAST STRAWBERRY DRIVE	MILL VALLEY CA
P	NEARY, DANIEL P	11 PLOVER LANE	LLOYD HARBOR NY 11743
S	Ernest J. Newborn	50 California street	San Francisco, CA 94111
T	Mike T. Leonard	50 California street	San Francisco, CA

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL BLDG
TALLAHASSEE FL 32399

9. Name and Address of New Registered Agent

Name Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 HALS ST
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.

Signature of
Registered Agent

Karen E. Wehner

Karen E. Wehner, Assistant Vice-President for
Corporation Service Company

Date 10-25-99

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.

400003025784--0

SIGNATURE:

Ernest J. Newborn, Jr.

Date

Daytime Phone #



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ACCOUNT NO. : 072100000032

REFERENCE : 428304 7139998

AUTHORIZATION *Patricia Pizito*

COST LIMIT : \$ 758.75

ORDER DATE : October 22, 1999

ORDER TIME : 3:21 PM

ORDER NO. : 428304-035

CUSTOMER NO: 7139998

CUSTOMER: Ms. Linda Hart
Usi Holdings, Inc.
50 California St.
24th Floor
San Francisco, CA 94111

ANNUAL REPORT FILING

NAME: BENEFIT PLAN ADMINISTRATORS,
INC. OF NEW YORK

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Gina Givogri

EXAMINER'S INITIALS:

RECEIVED
99 OCT 26 PM 4:45
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA