

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 NOV -6 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000005341**

1. Corporation Name

**BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA, C  
ORPORATION**

Principal Place of Business

Mailing Address

I-20 AT ALPINE RD.  
COLUMBIA SC 29219-0001

I-20 AT ALPINE RD.  
COLUMBIA SC 29219-0001

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**REINSTATEMENT 2000**

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/1997

5. FEI Number

57-0287419

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
P	SELLERS, M. EDWARD	I-20 AT ALPINE RD.	COLUMBIA SC 29219
V	FAULDS, THOMAS G	I-20 AT ALPINE RD.	COLUMBIA SC 29219
S	GRAY, VIVIAN B	I-20 AT ALPINE RD.	COLUMBIA SC 29219
T	LEICHTLE, ROBERT A	I-20 AT ALPINE RD.	COLUMBIA SC 29219

300003493073-2  
-12/11/00--01027--006  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, do hereby accept the position of Section 607.0505, F.S.

Signature of  
Registered Agent

**ROBERT A. LEICHTLE**  
ASSISTANT SECRETARY

Date 10/31/00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROBERT A. LEICHTLE**

Date

Daytime Phone #

10/19/2000 803/788-0222