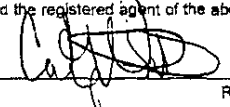
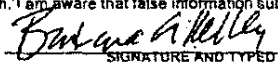


F98000000915

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 14 SEP 25 PM 3:10 TALLAHASSEE, FL	
DOCUMENT # F98000000915 1. Corporation Name Cypress Benefit Services, Inc.					
2. Principal Office Address - No P.O. Box # 101 N. Brand Blvd. Suite, Apt. #, etc. Suite 1950 City & State Glendale, CA Zip 91203 Country U.S.		3. Mailing Office Address 101 N. Brand Blvd. Suite, Apt. #, etc. Suite 1950 City & State Glendale, CA Zip 91203 Country U.S.		4. Date Incorporated or Qualified To Do Business in Florida 2/16/98 5. FEI Number 59-3478156 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 32301				09-26-14 000264740560 Reinst. 2003-2014 DC.	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the provisions of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Courtney Williams Asst. Vice President REGISTERED AGENT MUST SIGN Date 09.25.14					
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		
Director	Joseph T. Worsham	146 W. Plant Street, Suite 240	Winter Garden, FL 34787		
Director	Joseph Brinker	One North Ormond Avenue	Havertown, PA 19083		
Director Bd Chr	George A. Henning	101 N. Brand Blvd., Suite 1950	Glendale, CA 91203		
Director & Treas.	Barbara A. Kelley	101 N. Brand Blvd., Suite 1950	Glendale, CA 91203		
VP & Secretary	Becky Worsham Farrant	146 W. Plant Street, Suite 240	Winter Garden, FL 34787		
10. E-mail Address: mherring@reedsmith.com (To be used for future annual report notification)					
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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.					
SIGNATURE: 		Barbara A. Kelly, Director		9/23/14 (310) 734-5430 Date Daytime Phone #	



CORPORATION SERVICE COMPANY*

file first
* do not separate
please x

ACCOUNT NO. : I20000000195

REFERENCE : 313316 7263946

AUTHORIZATION : *[Signature]*

COST LIMIT : \$2,400.00

ORDER DATE : September 24, 2014

ORDER TIME : 8:30 AM

ORDER NO. : 313316-005

CUSTOMER NO: 7263946

REINSTATEMENT

NAME: CYPRESS BENEFIT SERVICES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS _____