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

DOCUMENT # F98000000915

1. Corporation Name

Cypress Benefit Services, Inc.

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
101 N. Brand Blvd.		101 N. Brand Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 1950		Suite 1950	
City & State		City & State	
Glendale, CA		Glendale, CA	
Zip	Country	Zip	Country
91203	U.S.	91203	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	State	Zip Code
Tallahassee	FL	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 obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Courtney Williams
Asst. Vice President
Date: 09.25.14
REGISTERED AGENT MUST SIGN

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 Kelley — Barbara A. Kelly, Director — 9/23/14 — (310) 734-5430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

file first
* do not separate please x

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 313316 7263946

AUTHORIZATION :

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 _____