

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 OCT 19 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000005615

1. Corporation Name

SENIOR BENEFIT SERVICES OF KANSAS, INC.

Principal Place of Business

555 KANSAS AVE
TOPEKA KS 66603

Mailing Address

555 KANSAS AVE
TOPEKA KS 66603



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

4. Date Incorporated or Qualified
To Do Business in Florida

10/06/1998

5. FEI Number

48-1205543

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
TD V	FOGT, THOMAS M	555 KANSAS AVE	TOPEKA KS 66603
VD	ATHA, ALLEN III	555 KANSAS AVE	TOPEKA KS 66603
PGEO DPCEO	HEITZ, MARK V - GEORGE RICHARDS	555 KANSAS AVE	TOPEKA KS 66603
D	HEITZ, MARK V	555 KANSAS AVE	TOPEKA KS 66603
S VS	MILLER, MICHAEL H	555 KANSAS AVE	TOPEKA KS 66603
Ast. S	CHRIS S. CONROY	555 KANSAS AVE	TOPEKA KS 66603

8. Name and Address of Current Registered Agent

INSURANCE COMMISSIONER
CAPITOL
TALLAHASSEE FL 32399-0300

9. Name and Address of New Registered Agent

Name
CT CORPORATION SYSTEMS
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND ROAD
Suite, Apt. #, Etc.
300003029203--8
City
PLANTATION
-10/29/99-01057-006
****758
State
FL
#555258.75

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

J. L. Miles
J. L. Miles - Asst. Secy.
REGISTERED AGENT MUST SIGN

Date 10-13-99

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

Chris S. Conroy
CHRIS S. CONROY, ASST. SECRETARY

Date

10/12/99 785.275.4348

Daytime Phone #

CR22040 (09/98)