

# APPLICATION FOR REINSTATEMENT



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

APPROVED  
AND  
FILED

00 DEC -8 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # **F99000000361**

1. Corporation Name

**CBIZ BENEFITS & INSURANCE SERVICES OF TEXAS, IN C.**

Principal Place of Business

Mailing Address

~~12221 MERIT DRIVE #160~~  
~~DALLAS TX 76261~~

~~12221 MERIT DRIVE #160~~  
~~DALLAS TX 76261~~

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable  
**4055 Valley View Lane**

3. New Mailing Office Address, If Applicable  
**4055 Valley View Lane**

4. Date Incorporated or Qualified To Do Business in Florida

**01/19/1999**

Suite, Apt. #, etc.  
**Suite 360**

Suite, Apt. #, etc.  
**Suite 360**

5. FEI Number

**75-2349829**

Applied For

Not Applicable

City & State  
**Dallas TX 75244**

City & State  
**Dallas TX 75244**

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for a Certificate of Status**

Zip  
**75244**

Country  
**USA**

Zip  
**75244**

Country  
**USA**

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
PS	GOODWIN, CAROLYN L	<del>8111 LBJ FREEWAY SUITE 1100</del> 4055 Valley View Ln Ste. 360	<del>DALLAS TX 75251</del> Dallas TX 75244
C	O'BYRNE, ROBERT A	2600 GRAND AVENUE SUITE 650	KANSAS CITY MO 64108
			<b>500003524045--1</b> <b>-01/04/01--01103--025</b> <b>****750.00 ****750.00</b>
			<b>REINSTATEMENT 2000</b>

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, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

**SIGNATURE REQUIRED**  
**John J. Linnihan** Date **11/27/2000**  
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 REQUIRED**

**Robert A. O'Byrne, Director**

Date

**11/20/01**

Daytime Phone #

**816/471-5656**