

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 APR 26 PM 6:21

DOCUMENT # F99 000003529

**1. Corporation Name**

Companion Information Management Resources,  
Inc.

**2. Principal Office Address**

2501 Faraway Drive

Suite, Apt. #, etc.

Mail Code: AA-G15

City & State

Columbia, South Carolina

Zip

29219

Country

USA

**3. Mailing Office Address**

2501 Faraway Drive

Suite, Apt. #, etc.

Mail Code: AA-G15

City & State

Columbia, South Carolina

Zip

29219

Country

USA

REINSTATEMENT 02-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**

51-0758345

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$875 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CT Corporation Systems

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

1200 S. Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

**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

*Shelley Savage*

Shelley Savage  
Vice President

Date 4-16-04

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<br>Officers and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
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|        |                                      |   |                    |
|        |                                      |   |                    |

attached

**10. 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:**

*Vivian B. Gray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/23/04

Daytime Phone #

803-264-3555

CR2E081 (10/02)

**Officers and Directors of  
Companion Information Management Resources, Inc.**

1. Title: C  
Name: M. Edward Sellers  
Street Address: 2501 Faraway Drive  
City/State/Zip: Columbia, South Carolina 29219
2. Title: P  
Name: Donald B. Nystrom  
Street Address: 2501 Faraway Drive  
City/State/Zip: Columbia, South Carolina 29219
3. Title: T/D  
Name: Robert A. Leichtle  
Street Address: 2501 Faraway Drive  
City/State/Zip: Columbia, South Carolina 29219
4. Title: D  
Name: Charles L. Higgins  
Street Address: 2501 Faraway Drive  
City/State/Zip: Columbia, South Carolina 29219
5. Title: D  
Name: Thomas G. Faulds  
Street Address: 2501 Faraway Drive  
City/State/Zip: Columbia, South Carolina 29219
6. Title: D  
Name: Stephen K. Wiggins  
Street Address: 2501 Faraway Drive  
City/State/Zip: Columbia, South Carolina 29219
7. Title: S  
Name: Vivian B. Gray  
Street Address: 2501 Faraway Drive  
City/State/Zip: Columbia, South Carolina 29219



**BlueCross BlueShield  
of South Carolina**

**Law Department**

An Independent Licensee of the Blue Cross  
and Blue Shield Association

I-20 at Alpine Road  
Columbia, S.C. 29219-0001  
Telephone: 803-788-0222  
Telecopier: 803-736-2713

**April 23, 2004**

Florida Department of State  
Division of Corporations, Registration Division  
409 E. Gaines Street  
Tallahassee, FL 32399

**Re: State of Florida Business License for Companion Information  
Management Resources, Inc.**

Dear Sir or Madam:

Enclosed please find completed UBR forms for the years 2002, 2003, and 2004. Also enclosed is our check for \$450.00 (\$150.00 for each year).

In regard to the 2002 and 2003 forms, we filed those with your office on July 2, 2003. In our transmittal letter (copy enclosed), we requested a waiver of the delinquency fees due to the confusion by both parties about our correct address. This letter and our UBR forms and fees were delivered via Federal Express to your office on July 3, 2003. An employee of your office, named B. Sippio, signed for these documents on July 3<sup>rd</sup> at 9:20 a.m. (copy of receipt enclosed).

Subsequent to these filings, we were notified that your office had not received our reports and we were delinquent. After multiple calls to your office to resolve this issue, including faxing copies of the filings and proof of delivery, your office instructed us to refile for 2002 and 2003. Appropriately, on February 23, 2004, we initiated a stop payment request on our check (copy enclosed).

In light of the above circumstances, we are respectfully requesting that the delinquency fees for years 2002 and 2003 be waived.

If you have any questions about this or need any further information, please do not hesitate to contact me at 803-264-3555.

Sincerely,

A handwritten signature in black ink, appearing to read "Harriett Barrett".

Harriett K. Barrett  
Paralegal

/hkb

Enclosures