PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 25 PM 6:14

DOCUMENT # K26577

1. Corporation Name

SAFEGUARD HEALTH PLANS, INC.

Principal Place of Business	Mailing Address
8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321 US	8100 NO UNIVERSITY DR FT. LAUDERDALE FL 33321 US

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	95 Enterprise Suite, Apt. #, etc. Suite 100
City & State	City & State Aliso Viejo, California
Zip / Country	Zip / Country 92656-2605 / USA

4. Date Incorporated or Qualified To Do Business in Florida: 06/20/1988

5. FEI Number: 65-0073323 — Applied For: SP — Not Applicable

6. CERTIFICATE OF STATUS DESIRED XX — $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
P	BAILEYS, XXX BUNCHER, J.E.	95 ENTERPRISE, Suite 100	ALISO VIEJO CA 92656-2605
VP	COXXXEX BRENDZEL, R.I.	95 ENTERPRISE, Suite 100	ALISO VIEJO CA 92656-2605
S	BRENDZEL, R I	95 ENTERPRISE, Suite 100	ALISO VIEJO CA 92656-2605
CFOT	BRENDZEL, RONALD XX GATES, D.L.	95 ENTERPRISE, Suite 100	ALISO VIEJO CA 92656-2605

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-11/14/01--01083--030
****758.75 ****758.75

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/01)

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: Barbara A Burke — BARBARA A. B. SPECIAL ASSISTAN SECRETARY — Date: 10/19/01

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] Ronald I. Brendzel, Sr. VP & Secretary — 10/22/01 — (949) 425-4110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #