

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 NOV -6 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REINSTATEMENT 2000-01

DOCUMENT # K87255

1. Corporation Name

Network Insurance Senior Health Division, Inc.

2. Principal Office Address

687 Alderman Road

Suite, Apt. #, etc.

#303

City & State

Palm Harbor, FL

Zip

34683

Country

USA

3. Mailing Office Address

3440 Lehigh Street

Suite, Apt. #, etc.

City & State

Allentown, PA

Zip

18103

Country

USA

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

5/10/1989

5. FEI Number

59-2953469

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

Wanita S. Patrick

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

687 Alderman Road

Suite, Apt. #, Etc.

#303

City

Palm Harbor.

State

FL

Zip Code

34683

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

Wanita S. Patrick

Wanita S. Patrick

Date 10/25/01

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
P/D/C/ CEO	Irving Levit	3440 Lehigh Street	Allentown, PA 18103
S/V/ D	A. J. Carden	3440 Lehigh Street	Allentown, PA 18103
T/D/ CFO	Cameron B. Waite	3440 Lehigh Street	Allentown, PA 18103
D	Michael F. Grill	3440 Lehigh Street	Allentown, PA 18103
V	Tom Patrick	687 Alderman Road, #303	Palm Harbor, FL 34683
V	Wanita S. Patrick	687 Alderman Road, #303	Palm Harbor, FL 34683

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:

A. J. Carden

A. J. Carden, Secretary and

11/5/01

610-965-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President

Date

Daytime Phone #

CR2E081 (9/00)