PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 FEB 24 PM 3:08

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46756

1. Corporation Name

The South Florida Chapter of the International Society of Certified Employee Benefit Specialists, Inc.

REINSTATEMENT FEB 27 2012 T. CAULEY

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
951 Yamato Rd		951 Yamato Rd	
Suite, Apt. #, etc. 200W		Suite, Apt. #, etc. 200W	
City & State Boca Raton		City & State Boca Raton	
Zip FL	Country USA	Zip 33431	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 05/14/2001

5. FEI Number 650325256 ☐ 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: Elberg Mike Gelin

Street Address (P.O. Box Number is Not Acceptable): 951 Yamato Rd

Suite, Apt. #, Etc.: 200W

City: Boca Raton | State: FL | Zip Code: 33431

300222961463
02/24/12--01042--006 **787.50

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: Elberg Mike Gelin — Date 1/31/2012

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
VP	Adam Pratt	1301 International Pkwy, Suite 250	Sunrise, FL 33323
TR	Natalie Hines	2000 Ultimate Way	Weston, FL 33326
SC	Laureen Glascock	1301 International Pkwy, Suite 250	Sunrise, FL 33323

10. E-mail Address: mgelin@CBIZ.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: Elberg Mike Gelin — 1/31/2012 — 561-544-6320

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