

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P25864

1. Corporation Name

HEALTH PLAN ADMINISTRATORS, INC.

Principal Place of Business

3703 N. MAIN STREET
ROCKFORD IL 61103

Mailing Address

3703 N. MAIN STREET
ROCKFORD IL 61103

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/29/1989

5. FEI Number

36-3439979

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KASLOSKE, MICHAEL W. KOSLOSKE, MICHAEL W.	15438 N. FLORIDA AVE #105	TAMPA FL
VD	BRANECKI, DANIEL S. delete	3703 N MAIN ST	ROCKFORD IL
STD	HERSHBERGER, MICHAEL D.	3703 N. MAIN ST.	ROCKFORD IL
SD D	KOSLOSKE, CONSTANCE A	3703 N. MAIN ST.	ROCKFORD IL 61103

100008568301
10/24/02--01063--008 **150.00

8. Name and Address of Current Registered Agent

KOSLOSKE, MICHAEL W.
15438 N FLORIDA AVE
SUITE 105
TAMPA FL 33613

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

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature] SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-22-02

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-22-02

Date

Daytime Phone #

815-633-5800

CR2E040 (8/02)



HPA, Inc.

Worldwide Health Insurance Plan

October 22, 2002

Florida Department of State
Secretary of State/John Smith
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

RE: Reinstatement of Health Plan Administrators, Inc.
No Penalty fee

Health Plan Administrators, Inc. did not receive the two prior uniform business report notices. Enclosed is our application for reinstatement and the appropriate UBA filing fee of \$150.00.

Thank you for your time and consideration. If you have any further questions, please advise.

Sincerely,

A handwritten signature in black ink that reads 'Michael D. Hershberger'.

Michael D. Hershberger, Sec/Treas.

HPA, Inc.

Administration  Michael W. Kosloske, Registered Agent

3703 North Main Street

Rockford, Illinois

61103-1679

Rockford, Illinois

61132-2638

Phone: 815.633.5800

Fax: 815.633.0277

Web: www.hpa-inc.com