PAGE 1 OF 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 AUG 24 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000054073

1. Corporation Name

CNO, INC.

2. Principal Office Address	3. Mailing Office Address
544 W. FAIRBANKS AVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WINTER PARK, FL	City & State
Zip: 32789 Country: US	Zip Country

CR2E081 (12/06)

4. Date Incorporated or Qualified To Do Business In Florida: 6/24/1996

5. FEI Number: 593397954 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: ~~WILLIAM J. JOHNSSON, JR~~ DONAL O'BRIEN

Street Address (P.O. Box Number is Not Acceptable): ~~544 W. FAIRBANKS AVE~~ 544 W. FAIRBANKS AVE

Suite, Apt. #, etc.: WINTER PARK FL 32789

City: WINTER PARK, State: FL Zip Code: 32789

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0305 or 617.0503, F.S.

Signature of Registered Agent: Donal O'Brien Date: 8/23/07

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
D	DONAL O'BRIEN	544 W. FAIRBANKS AVE	WINTER PARK, FL 32789
			700108594307
		B 8/24/07	
	REINSTATEMENT 02-07		

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 contained in Chapter 119, 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: Donal O'Brien 8/23/07 (407)645-2050

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

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : 072100000032

REFERENCE : 069918 9760A

AUTHORIZATION :

COST LIMIT : $ 1500.00

ORDER DATE : August 24, 2007

ORDER TIME : 12:01 PM

ORDER NO. : 069918-005

CUSTOMER NO: 9760A

DOMESTIC FILINGS

(4) PLEASE FILE WITH ATTACHED NAME CHANGE AMEND

NAME: CNO, INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____