

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



REINSTATEMENT 01

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable
95 Enterprise

4. Date Incorporated or Qualified To Do Business in Florida

06/20/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 100

5. FEI Number

65-0073323

App. for

Not Applicable

City & State

City & State
Aliso Viejo, California

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip

Country

Zip

92656-2605

Country

USA

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	BAILEY, S K X BUNCHER, J.E.	95 ENTERPRISE, Suite 100	ALISO VIEJO CA 92656-2605
VP	COX, J E X 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 X GATES, D.L.	95 ENTERPRISE, Suite 100	ALISO VIEJO CA 92656-2605

100004679311-2
 -11/14/01--01083--030
 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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 ASSISTANT 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 *Ronald I. Brendzel, Sr.* **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 #

CRE040 (6/01)