

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **155368**

1. Corporation Name
ARNOLD PAINT COMPANY

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 OCT 25 PM 2:35

Principal Place of Business Mailing Address
**9800 BEACH BLVD
 JACKSONVILLE, FL 32216**

REINSTATEMENT 98-99

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

2. New Principal Office Address, If Applicable 54 MONUMENT CIRCLE	3. New Mailing Office Address, If Applicable 54 MONUMENT CIRCLE	4. Date Incorporated or Qualified To Do Business in Florida 7/1/48
Suite, Apt. #, etc. 600	Suite, Apt. #, etc. 600	5. FEI Number 59-0519871
City & State INDIANAPOLIS, IN	City & State INDIANAPOLIS, IN	Applied For <input type="checkbox"/>
Zip 46204	Country USA	Not Applicable <input type="checkbox"/>
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	SB 75 - Additional Fee required for Certificate of Status	

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
	SEE ATTACHED RIDER		
			800003033088--2 -11/02/99--01098--015 ****908.75 ****908.75
			11/10/29

8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	9. Name and Address of New Registered Agent Name Chuck Van Slaars Street Address (P.O. Box Number is Not Acceptable) 3700 NE 3rd Avenue Suite, Apt. #, Etc. City Ft. Lauderdale State FL Zip Code 33334
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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: *[Signature]* Date: **10/2/99**
 REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on Intangible tax.)

12. 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]* **ANDRE B. LACY** Date: **9.24.99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2001 (12/96)

OFFICERS/DIRECTORS RIDER

Officers

Andre B. Lacy
Chairman & Chief Executive Officer
54 Monument Circle, Suite 600
Indianapolis, Indiana 46204

Thomas U. Young
President & Chief Operating Officer
54 Monument Circle, Suite 600
Indianapolis, Indiana 46204

Roger A. Sorokin
Treasurer & Chief Financial Officer
54 Monument Circle, Suite 600
Indianapolis, Indiana 46204

Robert H. Reynolds
Secretary
54 Monument Circle, Suite 600
Indianapolis, Indiana 46204

Directors

Andre B. Lacy
54 Monument Circle, Suite 600
Indianapolis, Indiana 46204

Thomas U. Young
54 Monument Circle, Suite 600
Indianapolis, Indiana 46204

Margot L. Eccles
54 Monument Circle, Suite 600
Indianapolis, Indiana 46204

William J. Fennessey
54 Monument Circle, Suite 600
Indianapolis, Indiana 46204