APPLICATION

FLORIDA DEPARTMENT OF STATE

DO NOT WRITE IN THIS SPACE.

Real Instructions on Other Sade Before Make Check Payable To: Departs 1. Name and Mailing Address of Corporation: DOCUMENT # Culloden Associates of Florida, Inc. 1251 Dublin Road Columbus, OH 42315	ment of State 550591	2. If Address below. The amendmen Address	BAUG 27 PM 3: 4 CORETARY UP STATE MANE OF THE CORETARY UP ST	Senter the correct address behanged only by filing an
Date Incorporated or Qualified To Do Business in Florida 11/2/77	4. FEI Number 59-1786836			mber Applied For mber Not Applicable
5. Names and Street Addresses of Each Officer and/or Director				
Title Names of Officers and/or Directors	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box No	umbers)	City and	State
Pres. Ronald E. Roark	1251 Dublin Road		Columbus, OH	43215
V.P & Steven W. Brown Sec'y	1251 Dublin Road		Columbus, OH	43215
		6	00002628	1045003 S
			******8.75	*****8.75
	REIN	STATI	MENTAL	18 7
This corporation has liability for intangible tax under section 199.032, Florida Statutes. Yes No.				
REGISTERED AGENT INFORMATION		7. Name and Address of New Registered Agent		
Name		e S. Saxon, Esq. c/o Salem, Saxon &		
		Do NOT Use P.O. Box Number) Nielsen, P.		
1.09 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0		ennedy Boulevard On NOT Use P.O. Box Number)		
123 Paine Drive S.E. Winter Haven, FL 33880 Street Address (for Suite 32)		· · · · · · · · · · · · · · · · · · ·	. Box Number)	
The state of the s		d State Zip Code		Zip Code
	Tampa	<u> </u>	FL.	33602
8. I, being appointed the registered agent of the above named corp	poration, am familiar with and accept the obt	igations of section	n 607.0505, F.S.	
Signature of Registered Agent			Date	8/26/98
REGISTERED AGENT MUST SIGN 9. 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. 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 of Officer or Director	Date 8/24/98	Phone #	614/485-15	76
Signature of Officer or Director Date 8/24/98 Phone # 6/4/485-7576 Typed or printed name of signing officer or director 5 TEPHEN W. BROWN, U.P.				

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