

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

97-00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 FEB 24 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #834035

1. Corporation Name

Koch Corporation

2. Principal Office Address

1131 Logan St.

Suite, Apt. #, etc.

N/A

City & State

Louisville, Ky

Zip

40204

Country

U.S. A.

3. Mailing Office Address

1131 Logan St.

Suite, Apt. #, etc.

N/A

City & State

Louisville, Ky

Zip

40204

Country

U.S. A.

REINSTATEMENT

97-00

SP

4. Date Incorporated or Qualified
To Do Business in Florida

8/28/51

5. FEI Number

61-0461707

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C.T. Corporation

Street Address (P.O. Box Number is Not Acceptable)

1200 Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

500003161035-0

-03/08/00--01007--003

***1200.00 ***1200.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

2-23-08

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
P	C. Stephen Koch	8300 Running Spring Dr.	Louisville, Ky 40241
V	Chas. J. Koch	2001 Ashley Ct.	Louisville, Ky 40222
S	Tyrone C. Mitchell	2604 BABBY WAY.	Louisville, Ky 40216

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 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:

Tyrone C. Mitchell

Tyrone C. Mitchell

2/21/00

Date

(502) 636-3571

Daytime Phone #

CR2E081 (9/99)