

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JAN -7 PM 2:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 836649

1. Corporation Name

Kite, Inc.

400004778244--2
-01/16/02--01053--021
***1508.75 ***1508.75

2. Principal Office Address 6610 N. Shadeland Avenue		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Same	
City & State Indianapolis, IN		City & State Same	
Zip 46220	Country USA	Zip —	Country —

4. Date Incorporated or Qualified To Do Business in Florida 7/7/1976	Applied For Not Applicable
5. FEI Number 35-1186336	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

01/07/02

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
CEO	Alvin E. Kite	6610 N. Shadeland Ave, #200	Indpls, IN 46220
Vice-Chairman	Paul W. Kite	Same	Same
Pres / Director	John A. Kite	Same	Same
Exec. V.P. / Director	Thomas K. McGowan	Same	Same
Treasurer / Secretary	Daniel R. Sink	Same	Same

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:

Daniel R. Sink

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/4/02 (317) 577-5600

Daytime Phone #