

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 OCT 28 PM 5:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 845791

1. Corporation Name

R. MEEDER & ASSOCIATES, INC.

Principal Place of Business

6000 MEMORIAL DRIVE
P. O. BOX 7177
DUBLIN OH 43017

Mailing Address

6000 MEMORIAL DRIVE
P. O. BOX 7177
DUBLIN OH 43017

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/22/1980

5. FEI Number

31-0841498

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CD	MEEDER, SR ROBERT S	184 GOLFVIEW DR	TEQUESTA FL
S	MEEDER, DONALD F	5766 LOCH MARIE CT N	DUBLIN OH
V	VOELKER, PHILIP A	8425 GREENSIDE DR	DUBLIN OH
V	AGOCK, SHERRIE L	8740 CRAIGSTON CT.	DUBLIN OH
VP	HOGG, WESLEY	2057 UPPER CHELSEA ROAD	COLUMBUS, OH
V	BAKER, ROBERT D	8702 HAWICK CT N	DUBLIN OH
COO	LINE, THOMAS E	2615 WEXFORD ROAD	COLUMBUS, OH
P	MEEDER, ROBERT JR.	4421 SAWMILL ROAD	COLUMBUS, OH

8. Name and Address of Current Registered Agent

MEEDER, ROBERT S. S
184 GOLFVIEW DR
TEQUESTA FL 33462

9. Name and Address of New Registered Agent

Name
CYLESTE WOLLETT
Street Address (P.O. Box Number is Not Acceptable)
4440 PGA BLVD
Suite, Apt. #, Etc.
402
City
PALM BEACH GARDENS
400003039744--8
-11/09/99-01063--007
***750.00 ***750.00
FL 33410

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

Cyleste Wollett
REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-25-99

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:

Tom Line
REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/99
Date

(614) 746-7400
Daytime Phone #

CR2240 (8/99)