

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 21 PM 1:54

DOCUMENT # F01000000461

1. Corporation Name

NATIONAL CENTURY FINANCIAL ENTERPRISES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03

Principal Place of Business

Mailing Address

~~6125 MEMORIAL DR~~
DUBLIN OH 43017

~~6125 MEMORIAL DR~~
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
6135 Memorial Drive

3. New Mailing Office Address, If Applicable
6135 Memorial Drive

4. Date Incorporated or Qualified
To Do Business in Florida

01/24/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

31-1317279

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
POB D	POULSEN, LANCE K	6125 MEMORIAL DRIVE 4551 Grassy Point Blvd	DUBLIN OH Port Charlotte, FL 33952
PST	PARRETT, REBECCA G David J. Coles	6125 MEMORIAL DRIVE 6135 Memorial Drive	DUBLIN OH Dublin, OH 43017
D	AYERS, DONALD H	6125 MEMORIAL DRIVE 15620 Kinross Circle	DUBLIN OH Fort Myers, FL 33912
STD D	POULSEN, BARBARA L	6125 MEMORIAL DRIVE 4551 Grassy Point Blvd	DUBLIN OH Port Charlotte, FL 33952
D	ROTE, HAROLD W	6125 MEMORIAL DRIVE	DUBLIN OH
V	SPEER, RANDOLF	6125 MEMORIAL DRIVE	DUBLIN OH

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT

James H. Tanks III
Assistant Secretary

Date

10/17/2003

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:

[Signature]

DAVID J. COLES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/2003

Daytime Phone #

(614)
791-
7510

CR2E040 (7/03)



HealthcareFinance

October 17, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: National Century Financial Enterprises, Inc.

I write in response to your "Certificate of Administrative Dissolution or Revocation" dated September 19, 2003. Enclosed are an "Application for Reinstatement" on behalf of National Century Financial Enterprises, Inc. and a check for \$158.75 payable to the Department of State. We respectfully request that the reinstatement fee of \$600 be waived. By way of background, the Company filed for Chapter 11 bankruptcy protection on November 18, 2002 and has experienced, both a drastic reduction in personnel and multiple office location changes.

Sincerely,

David J. Coles
President