

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

REINSTATEMENT

FILED

02 OCT 30 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000003889

1. Corporation Name

FAMILY MANAGEMENT CORPORATION

Principal Place of Business

6295 GULF BLVD. UNIT 5
ST PETERSBURG BEACH FL 33706

Mailing Address

3420 SOUTH POST RD
INDIANAPOLIS IN 46239

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

NA

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/24/2001

5. FEI Number

35-1993965

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
PD	HOCKETT, JASON	3420 S. POST RD	INDIANAPOLIS IN
VST	CURRY, N. RICHARD	3420 S. POST RD	INDIANAPOLIS IN

0000008713190

10/30/02--01116--029 **150.00

8. Name and Address of Current Registered Agent

SHEAFFER, ALAN

6295 GULF BLVD UNIT 5

ST PETERSBURG BEACH FL 33706

9. Name and Address of New Registered Agent

Name

SAME

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

SHEAFFER, ALAN

REGISTERED AGENT MUST SIGN

Date

10-28-02

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:

SHEAFFER, ALAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

N. RICHARD CURRY 10/28/02 317-862-7352

Date

Daytime Phone #



Your Fleet Management Specialists

October 28, 2002

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

Re: Family Management Corporation/ Reinstatement

Ladies and Gentlemen:

Enclosed is the Application for Reinstatement for Family Management Corporation, together with the check for the \$150.00 filing fee. The renewal application was not received by this office and would have been addressed by me immediately if it had been received. Further, 2001 was the first year Family Management Corporation, an Indiana corporation, was registered as a foreign corporation in Florida. Since Indiana operates on a biennial report, the non-receipt of a notice did not raise a red flag to check as to whether report would be due. Accordingly, please waive the reinstatement fee and forward any future applications or notices to me directly,

Very truly yours,

Judith E. Overturf
General Counsel