


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F08000002474			
1. Corporation Name ALLSTATE TOWER, INC.			
2. Principal Office Address - No P.O. Box # 1100 N ADAMS STREET		3. Mailing Office Address P O BOX 25	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HENDERSON, KY		City & State HENDERSON, KY	
Zip 42420	Country USA	Zip 42419	Country USA
7. Name and Address of Current Registered Agent		<div style="border: 1px solid black; padding: 5px;"><input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.</div>	
Name CORPORATION SERVICE COMPANY			
Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET			
Suite, Apt. #, Etc.			
City TALLAHASSEE		State FL	Zip Code 32301
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. <div style="display: flex; justify-content: space-between;"><div>Signature of Registered Agent Elizabeth A. Stryz, Assistant VP <i>Elizabeth A. Stryz</i> <small>REGISTERED AGENT MUST SIGN</small></div><div>Date 1/26/2010</div></div>			
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
DIR	DON JOHNSTON	1 WATERTANK PLACE	HENDERSON, KY 42420
		M. MILL	
		EXAMINER	
		FEB 17 2010	
		500168797565	
		02/15/10--01034--010 **158.75	
10. E-mail Address: k.liggett@insightbb.com			
<small>(To be used for future annual report notification)</small>			
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, I further certify, 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: <i>Don Johnston</i>		DON JOHNSTON	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 1/19/2010	Daytime Phone # 270-860-9537