

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F94000003454

1. Corporation Name

PMI ADMINISTRATION, INC.

Principal Place of Business

1499 WINDHORST WAY, SUITE 100
GREENWOOD IN 46143

Mailing Address

1499 WINDHORST WAY, SUITE 100
GREENWOOD IN 46143

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/30/1994

5. FEI Number

35-1924431

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
DC	TAYLOR, DON R	1499 WINDHORST WAY, SUITE 100	GREENWOOD IN 46143
VST	MILLARD, ROBERT R	1499 WINDHORST WAY, SUITE 100	GREENWOOD IN
P	HENTSCHEL, GARY F	1499 WINDHORST WAY, SUITE 100	GREENWOOD IN
CFO	JAMES J. Lund.	1499 Windhorst Way, Ste 100.	Greenwood IN.
			200003349582--9 -08/08/00--01078--020 ****908.75 ****908.75

8. Name and Address of Current Registered Agent

WHITACRE, CRYSTAL J
8184 WOODLAND CENTER BLVD.
TAMPA FL 33614

9. Name and Address of New Registered Agent

Name

C.T. Corporation System

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

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 6/27/00

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 REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/29/00

Daytime Phone #

317-888-4400

CR2E040 (8/99)