

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000005450

1. Corporation Name

THOMPSON PBE, INC.

Principal Place of Business

Mailing Address

4553 GLENCOE AVE., #200
MARINA DEL REY CA 90292

4553 GLENCOE AVE., #200
MARINA DEL REY CA 90292

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

2. New Principal Office Address, If Applicable

54 MONUMENT CIRCLE

3. New Mailing Office Address, If Applicable

54 MONUMENT CIRCLE

Suite, Apt. #, etc.

7TH FLOOR

Suite, Apt. #, etc.

7TH FLOOR

City & State

INDIANAPOLIS, IN

City & State

INDIANAPOLIS, IN

Zip

46204

Country

USA

Zip

46204

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

10/20/1994

5. FEI Number

95-4215913

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)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	KLINE, MORTIMER A III	4553 GLENCOE AVE., #200	MARINA DEL REY CA 90292
VCFO	BARRANTES, CHARLES E.	4553 GLENCO AVE #200	MARINA DEL RAY CA
SDCO	RAMSBOTTOM, D H JR	4553 GLENCOE AVE., #200	MARINA DEL REY CA 90292
AT	KESTLER, MICHAEL G.	14805 49TH STREET N	CLEARWATER FL
SEE ATTACHED SCHEDULE			
100002735881-0 -01/11/99-01009-019 ***150.00 ***150.00			
100002735881-0 -01/11/99-01009-020 ***150.00 ***150.00			

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., #105
TALLAHASSEE FL 32301

9. Name and Address of Agent

Name

REINSTATEMENT

Suite, Apt. #, Etc.

City

State

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.

Signature of
Registered Agent

Robert R. Millard

REGISTERED AGENT MUST SIGN

Date 12-24-98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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)(f), 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:

ROBERT R. MILLARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/28/98

Date

(317) 237-3678

Daytime Phone #

CR2E040 (9/93)

THOMPSON PBE, INC.
Schedule of Officers

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Title	Name	Address
Chairman	Andre B. Lacy	54 Monument Circle Indianapolis, IN 46204
President	Thomas U. Young	54 Monument Circle Indianapolis, IN 46204
Senior Vice Presidents	Roger A. Sorokin Thomas E. Case Robert R. Millard C. Remy Stephenson Chuck VanSlaars	54 Monument Circle Indianapolis, IN 46204