

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR 97-98  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 MAR 16 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000219

1. Corporation Name

AdminaStar Solutions, Inc.  
5451 West Lakeview Parkway South Drive  
Indianapolis, IN 46268

Principal Place of Business Mailing Address

Same as above Annual Reports should be directed  
to: Rebecca S. McClure  
120 Monument Circle  
Indianapolis, IN 46204

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

2. New Principal Office Address, If Applicable

Please mail all A.Reports to 120 Monument Circle  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

12/6/94

5. FEI Number

35-1786523

Applied For

Not Applicable

City & State

Indianapolis, Indiana

City & State

Zip

46204

Country

Marion

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres. & CEO	Russell Sherlock	5451 West Lakeview Parkway South Drive	Indianapolis, IN 46268
Seb.	Rebecca S. McClure	120 Monument Circle	Indianapolis, IN 46204
Treas.	George D. Martin	120 Monument Circle	Indianapolis, IN 46204
Director	Patrick M. Sheridan	120 Monument Circle	Indianapolis, IN 46204
Director	Bain J. Farris	120 Monumnt Circle	Indianapolis, IN 46204
Director	David R. Frick	120 Monument Circle	Indianapolis, IN 46204

8. Name and Address of Current Registered Agent

CT Corporation  
1200 Pine Island Road  
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number, If Applicable)

309002462589--0

Suite, Apt. #, Etc.

-03/19/98--01109--025

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.

Signature of  
Registered Agent

Barbara A. Burke  
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE

SPECIAL ASSISTANT SECRETARY

Date

2-25-98

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)(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:

Rebecca S. McClure 2/12/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rebecca S. McClure, Secretary

Date

Daytime Phone #

(317) 488 6192

CR2E040 (1/98)