

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 # **F95000001980**

1. Corporation Name

MRP BELL TOWER, INC.

Principal Place of Business

7 WEST SEVENTH STREET
 CINCINNATI OH 45202

Mailing Address
40 Madison Marquette
 7 WEST SEVENTH STREET
 CINCINNATI OH 45202

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

2. New Principal Office Address, If Applicable

40 Madison Marquette
 Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

40 Madison Marquette
 Suite, Apt. #, etc.

City & State

Zip Country

City & State

Cincinnati Ohio
 Zip *45202* Country *U.S.A.*

4. Date Incorporated or Qualified To Do Business in Florida

04/24/1995

5. FEI Number

31-1434181

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 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)
PC	BOORN, JOHN P	7 WEST SEVENTH STREET
VCV	BENNETT, JAMES S	7 WEST SEVENTH STREET
D	BRAINERD, DAVID	2001 PENNSYLVANIA AVENUE, N.W.,
STV	MITSCH, C. LOUIS	7 WEST SEVENTH STREET
D	ANTHONY, WILLIAM D	1100 LOUISIANA AVENUE, SUITE 500

4
CINCINNATI OH 45202
CINCINNATI OH 45202
WASHINGTON DC 20006
CININNATI OH 45202
HOUSTON TX 77002

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

Garth A. Reed

REGISTERED AGENT MUST SIGN

Date

2-26-99

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

C. Louis Mitsch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. LOUIS MITSCH
 VICE PRESIDENT

12/7/98
 Date

573-579-7242
 Day-time Phone #

FILED

99 MAR -8 PM 1:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



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 ****150.00 State ****150.00

REINSTATEMENT *98-199 42 3/10/99*

CR2EMC (9/98)