

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.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

40 Madison Marquette
Suite, Apt. #, etc.

City & State

Zip

Country

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)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers) | City 4 |
|---------------|-------------------------------------------|------------------------------------------------------------------------------------------------|---------------------|
| PC | BOORN, JOHN P | 7 WEST SEVENTH STREET | CINCINNATI OH 45202 |
| VCV | BENNETT, JAMES S | 7 WEST SEVENTH STREET | CINCINNATI OH 45202 |
| D | BRAINERD, DAVID | 2001 PENNSYLVANIA AVENUE, N.W., | WASHINGTON DC 20006 |
| STV | MITSCH, C. LOUIS | 7 WEST SEVENTH STREET | CINCINNATI OH 45202 |
| D | ANTHONY, WILLIAM D | 1100 LOUISIANA AVENUE, SUITE 500 | 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

9. Name and Address of New Registered Agent

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

Gard 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C. LOUIS MITSCH
VICE PRESIDENT

12/7/98

573-579-7242

Daytime Phone #

FILED

99 MAR -8 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

98-199-42 3/10/99

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-03/15/99-01137-025
****750.00 ****750.00

CR2E04C (9/98)