

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

99 NOV -4 AM 11:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F96000004167**

1. Corporation Name  
**FISHER-KLOSTERMAN, INC.**

Principal Place of Business P.O. BOX 11190 LOUISVILLE KY 40251	Mailing Address P.O. BOX 11180 LOUISVILLE KY 40251
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**REINSTATEMENT 990**

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

2. New Principal Office Address, If Applicable <b>822 S. 15TH STREET</b> Suite, Apt. #, etc. <b>LOUISVILLE, KY</b> City & State	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State	4. Date Incorporated or Qualified To Do Business in Florida <b>08/13/1996</b>
5. FEI Number <b>61-0566560</b>	Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 A 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	4 City / State / Zip
PCDT	HEUMANN, WILLIAM L	<del>2000 WEST BROADWAY 2ND FL</del> <del>822 S. 15TH STREET</del>	LOUISVILLE KY
V	JOHNSON, AUBREY L	<del>2000 WEST BROADWAY 2ND FL</del> <del>822 S. 15TH STREET</del>	LOUISVILLE KY
<del>S</del>	<del>BONE, JOAN M</del>	<del>2000 WEST BROADWAY 2ND FL</del>	<del>LOUISVILLE KY</del>
D	RUDD, MASON	<del>2000 WEST BROADWAY 2ND FL</del> <del>822 S. 15TH STREET</del>	LOUISVILLE KY
D	VOLKERDING, JOHN K	<del>2000 WEST BROADWAY 2ND FL</del> <del>822 S. 15TH STREET</del>	LOUISVILLE KY

8. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM</b> <del>600 EAST JEFFERSON STREET</del> <del>TALLAHASSEE FL 32301</del>	9. Name and Address of New Registered Agent Name <b>CT Corporation System</b> Street Address (P.O. Box Number is Not Acceptable) <b>1200 S. Pine Island Rd.</b> Suite, Apt. #, Etc. City <b>Plantation</b> State <b>FL</b> Zip <b>33324</b>
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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 Connie Bryan **CONNIE BRYAN**  
 REGISTERED AGENT MUST SIGN **SPECIAL ASSISTANT SECRETARY** Date 10/19/99

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: Aubrey L Johnson **AUBREY L JOHNSON** Date 10/19/99 (502) 572-4000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

C225040 (8/98)