

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 11190
LOUISVILLE KY 40251

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

2. New Principal Office Address, If Applicable

822 S. 15TH STREET

Suite, Apt. #, etc.

LOUISVILLE, KY

City & State

Zip
40210

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/13/1996

5. FEI Number

61-0566560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PCDT	HEUMANN, WILLIAM L	2000 WEST BROADWAY 2ND FL 822 S. 15TH STREET	LOUISVILLE KY
V	JOHNSON, AUBREY L	2000 WEST BROADWAY 2ND FL 822 S. 15TH STREET	LOUISVILLE KY
S	BONE, JOAN M	2000 WEST BROADWAY 2ND FL	LOUISVILLE KY
D	RUDD, MASON	2000 WEST BROADWAY 2ND FL 822 S. 15TH STREET	LOUISVILLE KY
D	VOLKERDING, JOHN K	2000 WEST BROADWAY 2ND FL 822 S. 15TH STREET	LOUISVILLE KY
			100003046571--9 -11/17/99--01005--010 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
600 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Rd.
Suite, Apt. #, Etc.

City Plantation

State
FL

Zip 33524

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 JONES
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUBREY L JOHNSON

10/18/99
Date

(502) 572-4000
Daytime Phone #

KE

CR25040 (8/99)