

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F98000000433**

1. Corporation Name

PAUL HARRIS RETAILING, INC.

Principal Place of Business

**6003 GUION ROAD
INDIANAPOLIS IN 46254**

Mailing Address

**6003 GUION ROAD
INDIANAPOLIS IN 46254**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/1998

5. FEI Number

35-2032672

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	City / State / Zip 4
PD	BOYERS, JOHN J <i>Glenn S. Lyon</i>	6003 GUION ROAD	INDIANAPOLIS IN 46254
DVST	HIMMEL, KEITH L JR	6003 GUION ROAD	INDIANAPOLIS IN 46254
V	BARNETT, HOWARD W <i>Sally Tassani</i>	6003 GUION ROAD	INDIANAPOLIS IN 46254
V	DELRE, DEBBIE L	6003 GUION ROAD	INDIANAPOLIS IN 46254
V	ALSTON, TOM <i>Paul M. Sobol</i>	6003 GUION ROAD	INDIANAPOLIS IN 46254
V	<i>Ronda Hisinger</i>	<i>6003 Guion Road</i>	<i>Indianapolis IN 46254</i>

8. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number, if Applicable)
000005584750--0
09/07/00--01013--002
Suite, Apt. #, Etc. ******900.00 ****900.00**
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

Vicky Goldstein
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

Date

8/22/00

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:

Keith L. Himmel, Jr.
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Keith L. Himmel, Jr. - U.P. & Secretary

7/31/00
Date

317/293-3900
Daytime Phone #

KE



REINSTATEMENT

99-00

CR2E040 (8/99)