

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000001076

1. Corporation Name

Greenfield Builders, Inc. of Indiana

W03000002213

2. Principal Office Address

9505 Delegates Row

Suite, Apt. #, etc.

3. Mailing Office Address

9505 Delegates Row

Suite, Apt. #, etc.

City & State

Indianapolis, Indiana

Zip

46240

Country

USA

City & State

Indianapolis, Indiana

Zip

46240

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

June 13, 1978

5. FEI Number

35-1433233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

Jeffrey H. Graves  
Assistant Secretary

Date

1/23/03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	Garry Edwards	9505 Delegates Row	Indianapolis, IN 46240
V	Jeffrey A. Greenwalt	9505 Delegates Row	Indianapolis, IN 46240
T/S	Jan Laughlin	9505 Delegates Row	Indianapolis, IN 46240

10. 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)(l), 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan Laughlin

Date

1/23/03

Daytime Phone #

317/860-2940

REINSTATEMENT

01-03

CR2E081 (10/02)