

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F98000003533

1. Corporation Name

SAMPLE ROAD CORPORATION

Principal Place of Business

6610 NORTH SHADELAND AVENUE, SUITE 200
INDIANAPOLIS IN 46220

Mailing Address

6610 NORTH SHADELAND AVENUE, SUITE 200
INDIANAPOLIS IN 46220

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

06/22/1998

5. FEI Number

35-2101819

APPLIED FOR

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
COBD	KITE, ALVIN E JR	6610 NORTH SHADELAND AVENUE, SUI	INDIANAPOLIS IN 46220
PD	KITE, PAUL W	6610 NORTH SHADELAND AVENUE, SUI	INDIANAPOLIS IN 46220
TS	SHRADER, MARTIN V SINK, DANIEL R.	6610 NORTH SHADELAND AVENUE, SUI	INDIANAPOLIS IN 46220
CFOD	KITE, JOHN A	6610 NORTH SHADELAND AVENUE, SUI	INDIANAPOLIS IN 46220
D	KITE, C. K	6610 NORTH SHADELAND AVENUE, SUI	INDIANAPOLIS IN 46220
D	MCGOWAN, THOMAS K	6610 NORTH SHADELAND AVENUE, SUI	INDIANAPOLIS IN 46220

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 is Not Acceptable)

Suite, Apt. #, Etc.

City

800003230168-3

-05/01/00--01006--002

****900.00 ****900.00

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date March 3, 2000

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-00

Date

Daytime Phone #

CR2040 (8/99)