

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 OCT 22 AM 8:01

DOCUMENT # J76170

1. Corporation Name

Fanning/Howey Associates of Florida, Inc.

2. Principal Office Address  
222 Lakeview Avenue

3. Mailing Office Address  
1200 Irmscher Blvd

Suite, Apt. #, etc.  
Suite 148

Suite, Apt. #, etc.

City & State  
West Palm Beach FL

City & State  
Celina OH

Zip Country  
33401 US

Zip Country  
45822 US

**REINSTATEMENT** 02

4. Date Incorporated or Qualified To Do Business in Florida 06/05/1987

5. FEI Number: 34-1557301

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  
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays Street

Suite, Apt. #, Etc.

City  
Tallahassee

State Zip Code  
FL 32301

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

**Brian Courtney**

REGISTERED AGENT MUST SIGN

Date 10-18-02

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
P	Roger Bolling	222 Lakeview Avenue Suite 148	West Palm Beach FL 33401
S	Maury Zerkle	222 Lakeview Avenue Suite 148	West Palm Beach FL 33401
AS	Randall Sprunger	1200 Irmscher Blvd	Celina OH 45822
T	Terrance Liette	540 E Market Street	Celina OH 45822
D	Daniel Mader	9025 N River Rd Suite 200	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)(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

10/17/02 419 986 2892

Date

Daytime Phone #

CR2E081 (9/01)

10/25/02 92