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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State

M98000000389

FILED
02 NOV -5 AM 11:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000389

Name and Mailing Address

0007977 01 FP 0.352 **PRSRT T4 0 0615 46216-206807
HARRIS & FORD, LLC
9307 E. 56TH ST.
INDIANAPOLIS IN 46216-2068

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: IN

5. Date Organized or Qualified To Do Business in Florida: 04/22/1998

Principal Place of Business: 9307 E. 56TH ST. INDIANAPOLIS IN 46216

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number: 35-1909612 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

WALTERS, ED
900 SNOW QUEEN DRIVE
CHULUOTA FL 32766

9. Name and Address of New Registered Agent

Name

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

City

000008789670
11/04/02--01093--008 **FL** 150.00

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Edward Jay Walters Date: 10-31-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HARRIS, TIMOTHY M	9307 E. 56TH ST.	INDIANAPOLIS IN 46216
MGR	WALTERS, ED	900 SNOW QUEEN DRIVE	CHULUOTA FL 32766
MGRM	FORD, JOSEPH E	9307 E. 56TH ST.	INDIANAPOLIS IN 46216
MGRM	LAMOTHE, CHRISTOPHER P	9307 E. 56TH ST. ALT	INDIANAPOLIS IN 46216

REINSTATEMENT 2002

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when all fees owed by the limited liability company have been paid, the limited liability company name satisfies the requirements of section 608.406, F.S., and that 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 of Managing Member/Manager: [signature] Date: 10/28/02 Daytime Phone # (317) 591-000

Typed or printed name of signing Managing Member/Manager: Tim Harris