

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

pg. 1 of 2

APPLICATION  
FOR *Re-98*  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

98 MAR 10 PM 2:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P19559*

1. Corporation Name

UNITED CONSUMERS CLUB OF ORLANDO, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable <b>8450 BROADWAY</b>		3. New Mailing Office Address, If Applicable <b>SAME</b>		4. Date Incorporated or Qualified To Do Business in Florida <b>06/07/1988</b>	
Suite, Apt. #, etc. <b>P.O. BOX 13006</b>		Suite, Apt. #, etc.		5. FEI Number <b>35-1648765</b>	
City & State <b>MERRILLVILLE, INDIANA</b>		City & State		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
Zip <b>46411-3006</b>	Country <b>U.S.A.</b>	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
	SEE ATTACHED		<b>700002454417--6</b> <b>03/11/98--01109--023</b> <b>***1050.00 ***1050.00</b>

**REINSTATEMENT** *98-98*

*A. Allen*  
*3/10/98*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name <b>PRENTICE-HALL CORPORATION SYSTEM INC</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b>	
Suite, Apt. #, Etc.	
City <b>TALLAHASSEE</b>	State <b>FL</b> Zip Code <b>32301</b>

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

*Judith S. Blancett*  
REGISTERED AGENT MUST SIGN

Judith S. Blancett, asst. Date **3-9-98**  
secy.

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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  
*Jack R. Allen*  
JACK R. ALLEN, PRESIDENT

Date

(219) 736-1100

Daytime Phone #

CRS 6040 (1/98)

**NATIONAL MANAGEMENT CORPORATION  
ATTACHMENT TO APPLICATION FOR REINSTATEMENT  
STATE OF FLORIDA**

**ITEM 7: CORPORATE OFFICERS AND DIRECTORS  
AS OF FEBURARY 18, 1998**

	<u>NAME</u>	<u>ADDRESS</u>	<u>TITLE</u>
*	Jack R. Allen	8450 Broadway Merrillville, IN 46410	President
	Jack L. Gagan	8450 Broadway Merrillville, IN 46410	Sr. VP Merchandising / Secretary
*	Fred A. Wittlinger	8450 Broadway Merrillville, IN 46410	Chairman of the Board
*	James L. Gagan	8450 Broadway Merrillville, IN 46410	Vice Chairman of the Board
	Eugene H. Deutsch	8450 Broadway Merrillville, IN 46410	Sr. VP Finance / Treasurer
	Randal B. Schwager	8450 Broadway Merrillville, IN 46410	Exec. VP Franchise Operations
	Craig A. King	8450 Broadway Merrillville, IN 46410	VP Franchise Operations
	Scott Powell	8450 Broadway Merrillville, IN 46410	VP Franchise Development
*	Directors		