

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

99 NOV 29 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P26153

1. Corporation Name

ASPHALT INSTITUTE, INC.

Principal Place of Business

Mailing Address

RESEARCH PARK DR.
PO BOX 14052
LEXINGTON KY 40512-4052

RESEARCH PARK DR.
PO BOX 14052
LEXINGTON KY 40512-4052

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

09/22/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

61-1148531

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	MILLER, EDWARD L	3000 RESEARCH PARK DRIVE 2696	LEXINGTON KY 40511
SD	BOTKIN, LINDA A	3000 RESEARCH PARK DRIVE 2696	LEXINGTON KY 40511
T	PETERS, MARY ELLEN W. J. MATZ	3000 RESEARCH PARK DR. 2696	LEXINGTON KY 40511
D	LANGDON, ROBERT L K.H. DOZIER	3000 RESEARCH PARK DRIVE 2696	LEXINGTON KY 40511
D	RUPP, RONALD L L.S. BRAKE	3000 RESEARCH PARK DRIVE 2696	LEXINGTON KY 40511
200003069572--8 -12/14/99--01080--009 *****236.25 *****236.25			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BOYER, ROBERT E.
ASPHALT INSTITUTE
2639-B LIENBY AVE.
PANAMA CITY FL 32405

REINSTATEMENT

Name

Address (P.O. Box Number Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

REGISTERED AGENT MUST SIGN

Date NOVEMBER 12, 1999

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-19-99 (606) 288-4960

CR2ED40 (8/99)