

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P37326**

1. Corporation Name
RELANDCO II, INC.

Principal Place of Business
**1650 LAKE SHORE DRIVE, SUITE 220
COLUMBUS OH 43204-4895**

Mailing Address
**1650 LAKE SHORE DRIVE, SUITE 220
COLUMBUS OH 43204-4895**

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 97

4. Date Incorporated or Qualified To Do Business in Florida

01/28/1992

5. FEI Number

31-1304415

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$6.75 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DC	BREHMER, HOWARD R. (JR)	1650 LAKE SHORE DR., STE 220	COLUMBUS OH 43204
PD	BAKER, VICTOR A.	1650 LAKE SHORE DR., STE 220	COLUMBUS OH 43204
DVST	HENNEY, SCOTT K	1650 LAKE SHORE DR., STE 220	COLUMBUS OH 43204

100002391301-4
-01/06/98--01075--014
****750.00 ****750.00

*JB
1-2-98*

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

Suite, Apt. #, Etc.

City

State

FL

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

Vicky Goldstein

VICKY GOLDSTEIN

SPECIAL ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

12/29/97

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)(l), 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:

Victor A. Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/23/97

Date

488-1133

Daytime Phone #

CR2E040 (8/97)