P37950

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 DEC 30 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P37950

1. Corporation Name

Rail Van, Inc. REINSTATEMENT 1999

Principal Place of Business / Mailing Address

400 W. Wilson Bridge Rd., Suite 200
Worthington, OH 43085

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida
n/a	n/a	3/17/92
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number: 31-1107151 ☐ Applied For ☐ Not Applicable
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED ☐
Zip / Country	Zip / Country	

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
President; Secretary; Director	Jeffrey R. Brashares	400 W. Wilson Bridge Rd.Suite 200	Worthington,OH 43085
Chairman Treasurer Director	William Lee	400 W. Wilson Bridge Rd.Suite 200	Worthington,OH 43085
CEO, Director	Denis M. Bruncak	400 W. Wilson Bridge Rd.Suite 200	Worthington,OH 43085
Director	R. L. Richards	400 W. Wilson Bridge Rd.Suite 200	Worthington,OH 43085
Director	Ken D. Thomas	400 W. Wilson Bridge Rd.Suite 200	Worthington,OH 43085
Director	R. David Thomas	400 W. Wilson Bridge Rd.Suite 200	Worthington,OH 43085

8. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City / State / Zip

CH2E040 (12/95)

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****50.00

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 Connie Bryan Connie Bryan, Special Asst. Secy. Date 12-30-99
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of 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., and that all fees owed by the corporation have been paid. 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: Jeffrey R. Brashares December 30, 1999 (614) 436-6262
SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #

FL010 - CT System Online

AJR