

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P38402

1. Corporation Name

MEEDER ADVISORY SERVICES, INC.

Principal Place of Business

6000 MEMORIAL DR  
PO BOX 7177  
DUBLIN OH 43017

Mailing Address

6000 MEMORIAL DR  
PO BOX 7177  
DUBLIN OH 43017

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

FILED  
99 OCT 28 PM 7:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 9910

4. Date Incorporated or Qualified  
To Do Business in Florida

04/14/1992

5. FEI Number

31-1332744

Applied For

Not Applicable

6. 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. State & Zip
D	MEEDER, ROBERT S. SR.	184 TEQUESTA DR 184 GOLFVIEW DRIVE	FL 43017
S	MEEDER, DONALD F.	5788 LOCH MAREE CT. N.	DUBLIN OH
P	MEEDER, ROBERT S. JR.	2308 MIDDLESEX RD 4421 SAWMILL ROAD	COLUMBUS OH
V	VOELKER, PHILIP A	8425 GREENSIDE DR	DUBLIN OH
P	BAKER, ROBERT D	8702 HAWICK COURT NORTH	DUBLIN OH
COO	LINE, THOMAS E.	2615 WELFORD ROAD	COLUMBUS, OH
VP	HOAG, WESLEY F	2057 UPPER CHELSEA RD	COLUMBUS OH

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MEEDER, ROBERT S SR  
184 GOLFVIEW DR  
TEQUESTA FL 33489

Name  
CYLESTE WOLLETT  
Street Address (P.O. Box Number is Not Acceptable)  
4440 PGA BLVD.  
Suite, Apt. #, Etc.  
402  
City  
PALM BEACH GARDENS  
State  
FL  
Zip Code  
33410

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

*Cyleste Wollett*  
REGISTERED AGENT MUST SIGN

Date 10-25-99

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

Tom Line

10/13/99 604 766 7000  
Date Daytime Phone #

KE