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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 00 AUG -2 AM 11:14 DIVISION OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # <u>PA6000039284</u>				
1. Corporation Name MISSION RIDGE INC				
Principal Place of Business STRATFORD LANDING APTS 2619 MISSION ROAD TALLAHASSEE, FL 32303		Mailing Address P.O. BOX 906 COLUMBUS, IN 47202-0906		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.				
2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip Country		4. Date Incorporated or Qualified To Do Business in Florida 05/08/96
				5. FEI Number 35-1985411
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Not Applicable <small>\$8.75 Additional Fee required for a Certificate of Status</small>
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)				
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip	
P/S/D	RICHARD S EYNON	555 FIRST STREET	COLUMBUS, IN 47201	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
		Name JEFFREY R EYNON Street Address (P.O. Box Number is Not Acceptable) 2619 MISSION ROAD Suite, Apt. #, Etc. OFFICE City TALLHASSEE State FL Zip Code 32303		
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: <u>[Signature]</u> Date: <u>07/28/99</u> REGISTERED AGENT MUST SIGN				
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (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 name 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: <u>[Signature]</u> RICHARD S EYNON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		07/28/99 812-375-2546 Date Daytime Phone #		