PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 AM 9:28

DOCUMENT # 196436

1. Corporation Name

JEMISON, INC.

Principal Place of Business	Mailing Address
ONE UNION PLACE - SUITE 200 35 UNION AVENUE MEMPHIS TN 38103-9496	ONE UNION PLACE - SUITE 200 35 UNION AVENUE MEMPHIS TN 38103-9496

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

REINSTATEMENT 01

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
35 Union Avenue	35 Union Avenue
Suite, Apt. #, etc.: Suite 200	Suite, Apt. #, etc.: Suite 200
City & State: Memphis, TN	City & State: Memphis, TN
Zip: 38103 Country: USA	Zip: 38103 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/01/1956

5. FEI Number: 58-0662440 ☐ 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 City / State / Zip
VP	JOHNSON, MICHAEL	35 UNION AVENUE, SUITE 200	MEMPHIS TN
S	PERKINS, SANDRA L	35 UNION AVE SUITE 200	MEMPHIS, TN 00000
PDE	JEMISON, FRANK Z JR	35 UNION AVE SUITE 200	MEMPHIS, TN 00000
D	SLATER, JOHN W JR	530 OAK COURT DRIVE, STE. 155	MEMPHIS, TN 0
D	STRATTON, LESLIE M III	7493 FAIRWAY FOREST DRIVE N	CORDOVA TN

AB 11/14

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable): 100004673461--5 -11715701--01001-018 Suite, Apt. #, Etc. ****750.00 ****750.00 City: State: FL Zip Code

CR2E040 (8/01)

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: SIGNATURE REQUIRED PETER F. SOUZA ASSISTANT SECRETARY
REGISTERED AGENT'S SIGNATURE

Date: 10/22/01

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: Sandra L. Perkins SIGNATURE REQUIRED 10-18-01 901-544-1742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Sandra L. Perkins, Corporate Secretary