

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 03 AUG 21 PM 2:14

DOCUMENT # 757054

1. Corporation Name

Southern Municipal Analysts'
Society, Incorporated

2. Principal Office Address

880 Carillon Parkway
Suite, Apt. #, etc.

3. Mailing Office Address

880 Carillon Parkway
Suite, Apt. #, etc.

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1981

5. FEI Number

59-2337496

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

City & State

St Petersburg FL

City & State

St Petersburg FL

Zip Country
33716

Zip Country
33716

7. Name and Address of Current Registered Agent

Name

Carolyn Nees

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

880 Carillon Parkway

Suite, Apt. #, Etc.

City

St Petersburg

State

FL

Zip Code

33716

200022475572
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8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

Carolyn Nees
REGISTERED AGENT MUST SIGN

Date 8-15-03

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
C	MARK Clayton	9800 Fredericksburg Rd, A-3-E	San Antonio Tx 78288
T	Bill Foley	9800 Fredericksburg Rd, A-3-E	San Antonio Tx 78288
S	Carolyn Nees	880 Carillon Parkway	St Petersburg FL 33716
D	Tony Blalock	225 Tryon St, Ste 200	Raleigh NC 27603
D	Ann Earley	One North Jefferson	St Louis Mo 63103
D	Ed Evnouskas	880 Carillon Parkway	St Petersburg FL 33716

10. 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:

Mark Clayton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/7/03

Date

210-498-3766

Daytime Phone #

CR2E081 (10/02)

ADDITIONAL DIRECTORS:

D Alex Fraser
500 N Akard
STE 300
Dallas TX 75201

D Chuck Grob
11 Greenway Plaza
STE 100
Houston TX 77046

D Patrick Hennessey
101 South Tryon St
Charlotte NC 28255