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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 846420

1. Corporation Name
PLAYER AND COMPANY OF GEORGIA

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
531 BISHOP STREET, N.W.	531 BISHOP STREET, N.W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ATLANTA, GA	City & State: ATLANTA, GA
Zip: 30318 County: USA	Zip: 30318 County: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 07/07/1980

5. FEI Number: 38-0807037 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

City: PLANTATION State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Jordan Brown, Assistant Secretary, CT Corporation System Date: 11/15/2013

REGISTERED AGENT MUST SIGN

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
Pres	Douglas H. Suddeth	531 Bishop Street, N. W.	Atlanta, Georgia 30318
CEO	Douglas H. Suddeth	531 Bishop Street, N. W.	Atlanta, Georgia 30318
CFO	Douglas H. Suddeth	531 Bishop Street, N.W.	Atlanta, Georgia 30318
Director	Douglas H. Suddeth	531 Bishop Street, N.W.	Atlanta, Georgia 30318

10. E-mail Address: bmcmahan@playerco.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: 11/18/13 404/351-3481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Douglas H. Suddeth Date Daytime Phone #

RE 11/8/13

Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
PLAYER AND COMPANY OF GEORGIA

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