PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| CORPORATION REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | E | SECRETARY OF SOUVISION OF CORPO | | |
|---|---|---|--|--------------------|--|
| DOCUMENT # F93000 | | 200 | | | |
| Southern Sales ! Marketing Group, Inc. | | | 200142712492 02/11/0901039008 **450.00 200142712492 75 02/03/0901016024 **150.007/n | | |
| 2. Principal Office Address - No P.O. Box # 4400 Commerce Circle | 3. Mailing Office Address 4400 Commerce Circle | | REINSTATEMENT OF -07 | | |
| Suite, Apt. #, etc. City & State | | | 4. Date Incorporated or Qualified To Do Business in Florida /2-23-93 | | |
| Atlanta, Georgia | Atlanta Zip Country | _ 58 | 5. FEI Number Applied For Not Applicable | | |
| 30336 USA | 30336 USA | CERTIFICATI | CERTIFICATE OF STATUS DESIRED S8.75 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) /200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State Zip Code FL 333324 | | | The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived. | | |
| B. 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. Madonna Cuddiny Registered Agent REGISTERED AGENT MUST Special Assistant Secretary ate | | | | | |
| 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 | |
| DIR Mark R. Traylor | r 4400 Commerce | e Circle | Atlanta, GA | 30336 | |
| Marga Kenneth A. Harbough 4400 Commerce Cit | | Gircle | Atlanta, GA | 30336 | |
| Press Joseph P. Fraser, III 4400 Commerce Circ | | rele | Atlanta, 64 | 30336 | |
| V.P. Kent Stevenson 4400 Commerce Ci | | Circle | Atlanta GA | 30336 | |
| v.P. Jerry Wuenscher 1000 Suthern Parto 1 | | Parkury | Rowesville 50 | C 29/33 | |
| cerety Kenneth A. Harbou | | • / / | Atlanta, GA | <i>3</i> 0336 | |
| 0. 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 filling 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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

SIGNATURE:

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