

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

97 OCT 30 AM 9:34

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

DOCUMENT # **F95000001947**

1. Corporation Name
LIFE OF THE SOUTH SERVICE COMPANY

Principal Place of Business 100 WEST BAY STREET JACKSONVILLE FL 32202	Mailing Address 100 WEST BAY STREET JACKSONVILLE FL 32202
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REINSTATEMENT *97aw*

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/21/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 58-1761017	
City & State		City & State		Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>D/C</i>	HOUSTON, N G III	PO BOX 925/ 205 DOGWOOD DR.	NASHVILLE GA 31639
D/M	HARDEGREE, DAVID L	100 WEST BAY STREET	JACKSONVILLE FL 32202
S/T	PATTEN, MARIA <i>McCorvey, Carol</i>	PO BOX 925/ DOGWOOD DR.	NASHVILLE GA 31639
<i>D/P</i>	HAMIL, NED	100 WEST BAY STREET	JACKSONVILLE FL 32202
D	SHAW, LOYD L	PO BOX 925/ DOGWOOD DR.	NASHVILLE GA 31639

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 ****750.00 ****750.00

8. Name and Address of Current Registered Agent HOUSTON, CLARENCE H JR 200 W. FORSYTH ST., #1600 JACKSONVILLE FL 32201		9. Name and Address of New Registered Agent Name Clarence H. Houston, Jr., Esq. Street Address (P.O. Box Number Is Not Acceptable) Cone, Yong, Stewart & Houston, P.A. Suite, Apt. #, Etc. 1050 Riverside Ave. (P.O. Box 4550 - 32201) City Jacksonville State FL Zip Code 32204	
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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: *Clarence H. Houston, Jr.* Date: **Oct. 29, 1997**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (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 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 *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **10/29/97** Daytime Phone #: **904/350-9660**

CR2E040 (8/97)