

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB 13 AM 9:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT 99-09**

000028748320  
02/13/04--01044--039 \*\*1500.00

DOCUMENT # F98000005233

1. Corporation Name

POND & COMPANY, INC.

2. Principal Office Address

2635 CENTURY PARKWAY

3. Mailing Office Address

2635 CENTURY PARKWAY

Suite, Apt. #, etc.

STE 800

Suite, Apt. #, etc.

STE 800

City & State

ATLANTA, GA

City & State

ATLANTA, GA

Zip

30345

Country

DEKALB

Zip

30345

Country

DEKALB

4. Date Incorporated or Qualified

To Do Business in Florida 9/30/1985

5. FEI Number

58-1639128

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 SOUTH 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 617.0503, F.S.

Signature of Registered Agent

*Dale W. Morris*

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

Date

2-5-04

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
	SEE ATTACHED		

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:

*John F. Fumbanks* John F. Fumbanks

2/3/2004

Date

(404) 633-8998

Daytime Phone #

CRCE081 (01/04)

**POND COMPANY  
OFFICERS and/or DIRECTORS**

<u>Title:</u>	<u>Name of Officers and/ or Directors</u>	<u>Street Address of Each Officer and/or Director</u>	<u>City / State / Zip</u>
P/C	J. Al Pond	2635 Century Pkwy, STE 800	Atlanta, GA 30345
V/D	Anthony W. Parker	2635 Century Pkwy, STE 800	Atlanta, GA 30345
V/D	John F. Fumbanks	2635 Century Pkwy, STE 800	Atlanta, GA 30345
V/M	Roseana D. Richards	2635 Century Pkwy, STE 800	Atlanta, GA 30345