1. Corporation Name  POND & COMPANY, INC.  2. Principal Office Address 2635 CENTURY PARKWAY  Suite, Apt. #, etc.  STE 800  3. Mailing Office Address 2635 CENTURY PARKWAY  O2/13/0401044039 **1500.00  4. Date Incorporated or Qualified To Do Business in Florida 9/30/1985		TLEF	AGE NEAD	VEL INO LUC	OCTIONS BEFORE		ACTITIO FOLINI.		
2. Principal Office Address 2 2. Principal Office Address 2 2. Principal Office Address 3 2. Pri			Secretary of State						
2. Principal Office Address 2 3. Mailing Office Address 2 2635 CENTURY PARKWAY 2635 CENTURY P	DOCUMENT # F98000005233					SECRETARY OF STATE * TALLAHASSEE, FLORIDA			
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SUITE, April, 4, etc.  STE 800  4. Date incorporated or Qualified To De Business in Richtle 9/30/1985  5. FEI Number St. 4. Size No. 10 Po Business in Richtle 9/30/1985  5. FEI Number St. 4. Size No. 10 Po Business in Richtle 9/30/1985  5. FEI Number St. 4. Size No. 10 Po Business in Richtle 9/30/1985  5. FEI Number St. 4. Size No. 10 Po Business in Richtle 9/30/1985  5. FEI Number St. 4. Size No. 10 Po Business in Richtle 9/30/1985  5. FEI Number St. 4. Size No. 10 Po Business in Richtle 9/30/1985  6. CERTIFICATE OF STATUS DESIRED  TO REPORT Additional Fee required To a Certificate of Status To a Certificate To a Certificate of Status To a Certificate of Statu					Ł	PEM	STATEME		
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ATLANTA, GA  ATLANTA, GA  ATLANTA, GA  ATLANTA, GA  See 1639128  Applicable  To country  30345  DEKALB  To Name and Address of Current Registered Agent  To COPPORATION SYSTEM  Street Address if P.O. Box Number is Not Acceptable)  1200 SOUTH PINE ISLAND ROAD  Suite, Apt. #, Etc.  City PLANTATION  Suite, Apt. #, Etc.  ASSISTANT VICE PRESIDENT  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Directors  Name of City Instant I am an officer or director or the receiver or inseles empowered to secretae this application as provided for in chapter 607 por 517, F.S. Itulither certify, that when Illing this retentablement application, the reason for disactution has been eliminated, the corporation on one qualify for an exemption under section 1907 (30), F.S. The information indicated on this application is true and accurate, and my signature of on the same legal effect as if made under out.  SIGNATURE:  ASSISTANT REGISTERED AGENT MUST SIGN  10. Lecrety, that I am an officer or director or the receiver or inseles empowered to secretae this application as provided for in chapter 607 or 617, F.S. I further certify, that when Illing this retentablement application, the reason for disactution has been eliminated, the corporation must assisted the requiremental section 607 (30) or 617, CR. It and all lees on this application is true and accurate, and my signature shall have the same legal effect as if made under out.  SIGNATURE:  ATLANTANTANTANTANTANTANTANTANTANTANTANTANTA		) 							
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Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD  Suite, Apt. #, Etc.  City PLANTATION  8. I, being appointed the registered agent of the above named corporation, any familiar with and acceptable problems of section 607,0505 or 617,0803, F.S.  Signature of Registered Agent  Registered Agent  Registered Agent  Registered Agent  Registered Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  SEE ATTACHED  10. Lordfly 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 507,0401 or 617,0401, F.S., that all fees owned by the corporation have been paid and the mass of individuals listed on this torm do not qualify for an exemption under section 119,07(3)(6), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal offect as if made under oath.  SIGNATURE:   AMA J. A.		1	•		, ,				
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD  Suite, Apt. #, Etc.  City PLANTATION  8. I, being appointed the registered agent of the above named corporation, amitaritilar with and acceptable objects of the above named corporation, amitaritilar with and acceptable objects of the above named corporation, amitaritilar with and acceptable objects of the above named corporation, amitaritilar with and acceptable objects of the above named corporation, amitaritilar with and acceptable objects of the corporation and acceptable objects of the acceptable obje				7. Name	and Address of Current Registe	ered Agent			
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD  Suite, Apt. #, Etc.  City PLANTATION  State Signature of Registered agent of the above named corporation, amfaintillar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  SEE ATTACHED  10. Learthy 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 corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 191.07(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: When T. Advance A. T. Advance A. T. F. E. Madow \$2/3/2004 (404) 633-8998			ATION SYST	EM ·	•				
Suite. Apt. #, Etc.  City PLANTATION  8. I, being appointed the registered agent of the above named corporation and and accept the obligations of section 607.0503 F.S.  ASSISTANT VICE PRESIDENT  REGISTERED AGENT MUST SIGN  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Steet Addresses of Each Officer and/or Directors  Officer and/or Director  Steet Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Steet Address of Each Officer and/or Director (Florida nonprofit corporations and or Director (Florida nonprofit corporation has been director or Director (Florida nonprofit corporation has been of Director (Florida nonprofit corporat		Street Address (P.0	D. Box Number is f	Not Acceptable)		··	<u> </u>		
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Registered Agent  Pale W. Province  Registered Agent  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  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 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 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: When T. Authors A. T. Authors A. T. Authors A. T. Authors A. S.									
Registered Agent  Pale W. Province  Registered Agent  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  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 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 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: When T. Authors A. T. Authors A. T. Authors A. T. Authors A. S.	8. I being	appointed the register	ed agent of the ab	ove named corporation	ni am familiar with and accept the	obligations of section	n 607.0505 or 617.0503, F.S.		
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 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 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: When I shall be a support of the state of the same legal effect as if made under oath.									
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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 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 under section 119.07(3)(f), 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: When T. Jumban H. Jumban F. Fumban 12/3/2004 (404) 633-8998	9. Names	and Street Addresses	of Each Officer ar	nd/or Director (Florida	nonprofit corporations must list at I	east 3 directors)			
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SIGNATURE: JOHN F. FUNDAVINE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	this reir owed b on this	nstatement application by the corporation have application is true and	n, the reason for dis e been paid and the d accurate, and my	ssolution has been elir e names of individuals signature shall have t	ninated, the corporate name satisfies is listed on this form do not qualify fo the same legal effect as if made unc	es the requirements r an exemption unde ler oath.	of section 607.0401 or 617.04( er section 119.07(3)(i), F.S. The	on, F.S., that all fees information indicated	
v I	SIGNA	TURE: SIGNATUR	RE AND TYPED OR P	RINTED NAME OF SIGN	ING OFFICER OR DIRECTOR	VI DayINS-1015	Date Dayti		

## POND COMPANY OFFICERS and/or DIRECTORS

Title:	Name of Officers and/ or Directors	Street Address of Each Officer and/or Director	City / State / Zip
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