

APPLICATION
FOR
REINSTATEMENT



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # F98000005944

1. Corporation Name

Prison Realty Trust, Inc.

Principal Place of Business

Mailing Address

10 Burton Hills Blvd.
Ste 100
Nashville TN 37215

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

10/26/98

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

62-1763875

Not

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
2	See attached list		
		600003095446--9	-01/12/00--01010--010
		*****8.75	*****8.75
		600003095446--9	-01/12/00--01010--011
		****750.00	****750.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

C.T Corporation System
1200 South Pine Island Road
Plantation, FL 33324

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of
Registered Agent

Connie Bryan

REGISTERED AGENT MUST SIGN

Connie Bryan Special Asst. Secy.

Date

12/27/99

11. This corporation owes 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 on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Vida H. Carroll

Vida H. Carroll

12/23/99

615-263-025

Date

Daytime Phone #