


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

01 NOV -2 AM 11:57

DOCUMENT # **F99000002370**

1. Corporation Name
HAYMAKER/GENERAL PARTNER, INC.

Principal Place of Business 2701 7TH AVENUE SOUTH BIRMINGHAM AL 35233	Mailing Address 2701 7TH AVENUE SOUTH BIRMINGHAM AL 35233
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REINSTATEMENT B

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

2. New Principal Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	3. New Mailing Office Address, If Applicable Suite, Apt. #, etc. City & State Zip	4. Date Incorporated or Qualified To Do Business in Florida 05/05/1999	5. FEI Number 63-1080687	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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6. CERTIFICATE OF STATUS DESIRED \$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	4 City / State / Zip
P	MCCAIN, ALLEN	2701 7TH AVENUE SOUTH	BIRMINGHAM AL 35233
S	BERRYHILL, BRAD	2701 7th AVE, SOUTH	BIRMINGHAM AL 35233

300004696903--3
 -11/28/01--01031--018
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
 526 EAST PARK AVENUE
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
FL

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: *Kathleen Fitzpatrick* REGISTERED AGENT MUST SIGN Date: 10/30/01

11. 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: *Katherine Harris* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/29/01 Daytime Phone #: 205-323-2621

CR2E640 (8/01)