PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ASSIGNED AND FILED

00 MAY -2 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # N98000005551

1. Corporation Name

MWH #14 Corporation

2. Principal Office Address		**3.** Mailing Office Address	
3424 Peachtree Rd., NE		3424 Peachtree Rd., NE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 800		Suite 800	
City & State		City & State	
Atlanta, GA		Atlanta, GA	
Zip	Country	Zip	Country
30326	USA	30326	USA

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/98

5. FEI Number: 58-2417788 ☐ 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.:

REINSTATEMENT

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: Mary R. Adams — REGISTERED AGENT MUST SIGN

MARY R. ADAMS
ASSISTANT-SECRETARY

Date: 5-1-00

CR2E081 (9/99)

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
VPAS Pres	Debbie J. Newmark Laler C. DeCosta	3424 Peachtree Rd., NE 3424 Peachtree Rd., NE	Atlanta, GA 30326 Atlanta, GA 30326
Treas	Renee T. Bergeron	"	"
Sec	Thomas A. McKean	"	"
Dir	Jerrold Barag	"	"
Dir	LaleroC.DeCosta	"	"
Dir	Amber B. Degnan	"	"

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****297.50 ****297.50

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: Debbie J. Newmark — Debbie J. Newmark — 04/26/00 — 404-848-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #