

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



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

02 OCT -4 PM 12:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

105071  
**COVERDELL & COMPANY, INC**

500008286865--9  
-10/09/02--01043--023  
\*\*\*1350.00 \*\*\*1350.00

2. Principal Office Address

3. Mailing Office Address

**1718 PEACHTREE ST**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**276**

City & State

City & State

**ATLANTA, GA**

Zip

Country

Zip

Country

**30309**

**USA**

**REINSTATEMENT 98-02**

4. Date Incorporated or Qualified To Do Business in Florida

**11/85**

5. FEI Number

**58-1604660**

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

**CSC CORPORATION SERVICE COMPANY**

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

**1201 HAYS STREET**

Suite, Apt. #, Etc.

**Suite # 400**

City

**TALLAHASSEE**

State

Zip Code

**FL**

**32301-2607**

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

*Lori Castaneda*

REGISTERED AGENT MUST SIGN

By: **Lori Castaneda, Asst. Vice President**

Date

**Oct 1, 2002**

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
<b>PRES</b>	<b>MICHAEL OWENS</b>	<b>1 MABEL STREET</b>	<b>CHATTANOOGA, TN 37403</b>
<b>V.P.</b>	<b>BERRY BEARD</b>	<b>2505 LYNSHIRE LN</b>	<b>SNELLVILLE, GA 30078</b>
<b>SECY</b>	<b>DEBRA SHAHANGIAN</b>	<b>122 N. WOODLAND DR</b>	<b>DORAVILLE, GA 30341</b>

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:

*Berry Beard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/6/02**

Date

**404-881-2242**

Daytime Phone #

CR2E081 (9/01)

gs 10/4/02