PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR 96-97 REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

97 JUL -1 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P40306**

1. Corporation Name

MOSELEY SWEAT THOMPSON STANDARD DINES, INC.

Principal Place of Business	Mailing Address
1401 PEACHTREE STREET, N.E., SUITE 460 ATLANTA GA 30309	1401 PEACHTREE STREET, N.E., SUITE 460 ATLANTA GA 30309

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
3424 PEACHTREE RD. NE	3424 PEACHTREE RD NE
Suite, Apt. #, etc.: SUITE C100	Suite, Apt. #, etc.: SUITE C100
City & State: ATLANTA, GA	City & State: ATLANTA, GA
Zip: 30326 Country: USA	Zip: 30326 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: **09/02/1992**

5. FEI Number: **58-1822487** ☐ Applied For ☐ Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCD	MOSELEY, W. GRANT, JR.	910 OLD PARK CT.	ROSWELL GA
VD	SWEAT, LARRY C., JR.	2542 RIDGEWOOD TERRACE	ATLANTA GA
SD	STANDARD, DAVID M.	~~177 BEVERLY ROAD~~ 2050 ELDORADO DR.	ATLANTA GA
TD	THOMPSON, H. DOUGLAS	1156 OLDFIELD ROAD	DECATUR GA

REINSTATEMENT 96-97
A. Allen 7/1/97

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

CR2E040 (7/96)

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: Connie Bryan Connie Bryan Special Asst. Secretary Date: July 1, 1997
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: W. Grant Standard 6/26/97 404-231-5064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DAVID M. STANDARD, SECRETARY