PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR

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

FILED
99 OCT 19 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40306

1. Corporation Name

MSTSD, INC.

Principal Place of Business	Mailing Address
3424 PEACHTREE RD. N.E. SUITE C-100 ATLANTA GA 30326	3424 PEACHTREE RD. N.E. SUITE C-100 ATLANTA GA 30326

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
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.	2050 EL DORADO DRIVE	ATLANTA GA
TD	THOMPSON, H. DOUGLAS	1156 OLDFIELD ROAD	DECATUR GA

TS

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)

100003026844--1
-10/27/99--01087--004
****150.00 ****150.00

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (5/99)

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 _____ Date _____

REGISTERED AGENT MUST SIGN

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: /H Doug Thompson 10-14-99 404 2315064

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

Henry Douglas Thompson

MSTSD

October 14, 1999

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Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

To whom it may concern:

For some reason, we never received a first or second notice regarding annual reports for Florida. After calling 850-487-6059, I was told to write a letter explaining this, fill out the form, and send a check for $150 payable to Department of State.

Sincerely,

Amanda J. Moore

Amanda J. Moore

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