

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 DEC 16 PM 12: 05 SECRETARY OF STATE TALLAHASSEE, FLORIDA 800003079428--5 -12/23/99--01057--017 ****750.00 ****750.00 REINSTATEMENT			
DOCUMENT # 115974 1. Corporation Name Fairway Marketing Group, Inc.		SP			
Principal Place of Business One Concourse Parkway Suite 300 Atlanta, GA 30328				Mailing Address (Same as Principal Place of Business)	
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 Country				3. New Mailing Address, if Applicable Suite, Apt. #, etc. City & State Zip Country	
4. Date Incorporated or Qualified To Do Business in Florida Aug. 19, 1984		5. FEI Number 59-245821 Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED ☐					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)					
1	2	3	4		
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City/State/Zip		
President	John M. Perry	7 Brookhaven Drive	Atlanta, GA 30319		
Secretary	Carole A. Loftin	1027 Eden Avenue	Atlanta, GA 30316		
VP Finance	John Fasano	One Concourse Parkway Ste 300	Atlanta, GA 30328		
Director	John M. Perry	7 Brookhaven Drive	Atlanta, GA 30328		
Director	Pamela A. Joseph	One Concourse Parkway Ste 300	Atlanta, GA 30328		
Director	Cherie M. Fuzzell	One Concourse Parkway Ste 300	Atlanta, GA 30328		
8. Name and Address of Current Registered Agent C T Corporation 1200 South Pine Island Road Plantation Florida 33324		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: <u>JENNIFER FAULMAN</u> Date: <u>12/10/1999</u> ASSISTANT SECRETARY 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: Carole A. Loftin/Secretary <u>Carole A Loftin</u>		Date: <u>12/13/99</u> Daytime Phone #: <u>770-698-1018</u>			