

	RPORATION ISTATEMENT	Katherí Secretar	TMENT OF STATE ne Harris y of State conponations		FILED 00 FEB 18 PI	
1. Corpor	UMENT # 35/2 A ation Name A RATUN REAL ESTA		INC		SECRETARY OF TALLAHASSEE,	F STATE FLORIDA
•	,	3. Mailing Office Addres 3500 Color Of Suite, Apt. #, etc.	WADE PKWY	4. Date Incorporated		1
City & State 131 C. Zip		City & State	am, Ac Country US	To Do Business in 5. FEI Number 59-67 6. CERTIFICATE OF STA	8 00 3 3 ATUS DECIDED A \$8.75	Applied For Not Applicable Additional Fee requires
	Name CT CORPO Street Address (P.O. Box Number is Noted to 1200 5, 2). Suite, Apt. #, Etc. City PLANTATION	ORATION SY ot Acceptable) NE FSLAN	Address of Current Register 157EM 10 PD	State	· · · ·	
8. I, being Signature o Registered	Agent/Valle_0V//N	ve named corporation, am SULVA GISTERED AGENT MUST	DALE W. MORRIS ASSISTANT VICE PRESIDE	6 T. 40	0505 or 617.0503, F.S. te 02/11/00	
9. Names	and Street Addresses of Each Officer and	/or Director (Florida nonpro	ofit corporations must list at le	ast 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State	' Zip
PD	MILHAEL E. RE	3500 ED	COLONNADEP,	KWY - BIR	mineum, 1	16 35243
				~ <i>~</i>		

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	
PD	MILHAEL E. REED	3500 COLONNAME PKWY	BIRMINGHAM, AC 35243	
3D	THOMAS B. HENSON	3500 COLONNADE PKWY	BIRMINGKAN, AL 35243	
			00003148651	
			-02/28/0001011005 ****908.75 ****908.75	

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:

John C. Bagnell 2-4-00
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VILE PRESIDENT DRIP