

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



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

00 FEB 18 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 351215

1. Corporation Name
BOCA RATON REAL ESTATE HOLDINGS, INC.

2. Principal Office Address
3500 COLONNADE PKWY

Suite, Apt. #, etc.
600

City & State
BIRMINGHAM, AL

Zip Country
35243-2357 US

3. Mailing Office Address
3500 COLONNADE PKWY

Suite, Apt. #, etc.
SUITE 600

City & State
BIRMINGHAM, AL

Zip Country
35243-2357 US

4. Date Incorporated or Qualified To Do Business in Florida
8/25/69

5. FEI Number
59-0780033

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD

Suite, Apt. #, Etc.

City
PLANTATION

State Zip Code
FL 33324

REINSTATEMENT *09/02*

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 *Dale W. Morris* **DALE W. MORRIS** ASSISTANT VICE PRESIDENT Date *02/11/00*
REGISTERED AGENT MUST SIGN

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
<i>PD</i>	<i>MICHAEL E. REED</i>	<i>3500 COLONNADE PKWY</i>	<i>BIRMINGHAM, AL 35243</i>
<i>SD</i>	<i>THOMAS B. HENSON</i>	<i>3500 COLONNADE PKWY</i>	<i>BIRMINGHAM, AL 35243</i>
			<i>1 00003148651-6</i>
			<i>-02/28/00--01011--005</i>
			<i>****908.75 ****908.75</i>

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. Bagwell* **John C. Bagwell** *2-4-00* *(205)298-7100*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **VICE PRESIDENT** Date Daytime Phone #

CR2E081 (9/99)