

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		<div style="text-align: center;"> APPROVED FILED </div> <div style="text-align: center;"> 00 FEB 10 PM 3:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
DOCUMENT # 642543 1. Corporation Name Nan-Dan Corp.				DO NOT WRITE IN THIS SPACE	
Principal Place of Business One Ravinia Drive Suite 1500 Atlanta GA 30346					
Mailing Address One Ravinia Drive Suite 1500 Atlanta GA 30346					
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 10/22/1979 5. FEI Number 59-1936462 Applied For Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	
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 (Do NOT Use Post Office Box Numbers)
					City/State/Zip
	Director		George D. Morgan		One Ravinia Dr. #1500 Atlanta GA 30346
	Director		Susan Thomas Whittle		One Ravinia Dr. #1500 Atlanta GA 30346
	VP		Todd Andrews		One Ravinia Dr., #1500 Atlanta, GA 30346
	VP & Treas		Boyd P. Gentry		One Ravinia Dr., #1500 Atlanta GA 30346
	VP & Sec.		Stefano M. Miele		One Ravinia Dr., #1500 Atlanta, GA 30346
-02/22/00--01008--010 ***908.75 ***908.75					
8. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 South Pine Island Road Plantation, Florida 33324				9. Name and Address of New Registered Agent Name Street Address (Post Office Box Number is NOT Acceptable) State, 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>Connie Bryan</u> CONNIE BRYAN Date <u>2-9-2000</u> SPECIAL 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 <input type="checkbox"/> No <input type="checkbox"/> (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: <u>Stefano M. Miele</u> SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR				Date <u>2-9-2000</u> Daytime Phone # <u>(678) 443-7000</u>	