

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -8 PM 1:48

DOCUMENT # F00000002301

1. Corporation Name

Florida 4C Management, Inc.

600023189096
03/19/03--01017--016 **900.00

REINSTATEMENT 02-03

2. Principal Office Address

5730 Glenridge Dr.

Suite, Apt. #, etc.

Suite 305

City & State

Atlanta, GA

Zip

30328

Country

USA

3. Mailing Office Address

5730 Glenridge Dr.

Suite, Apt. #, etc.

Suite 305

City & State

Atlanta, GA

Zip

30328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/26/00

5. FEI Number

061580281

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Brian Courtney
Asst. V. Pres.
REGISTERED AGENT MUST SIGN

Date

8/28/03

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
PD	Robert Ellis	5730 Glenridge Dr. Suite 305	Atlanta, GA 30328
VP	Edward Loeb	" "	" "
S	Anthony Lacivita	" "	" "

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Ellis

Date

8/6/03

Daytime Phone #

9/8/03