


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|   |  |   |  |
|---|--|---|--|
| <b>CORPORATION<br/>REINSTATEMENT</b>  |  |  <b>FLORIDA DEPARTMENT OF STATE<br/>Secretary of State<br/>DIVISION OF CORPORATIONS</b>                  |  |
| <b>DOCUMENT #</b> F00000004754  |  |   |  |
| <b>1. Corporation Name</b><br>Office Management Systems of Alabama, Inc.  |  |   |  |
| <b>2. Principal Office Address</b><br>200 Office Park Drive<br><br>Suite, Apt. #, etc.<br>Suite 238<br><br>City & State<br>Birmingham, AL<br><br>Zip<br>35223 |  | <b>3. Mailing Office Address</b><br>Gholson, Hicks & Nichols<br>Attn: John W. Crowell<br><br>Suite, Apt. #, etc.<br>P.O. Box 1111<br><br>City & State<br>Columbus, MS<br><br>Zip<br>39701 |  |
| Country<br>USA  |  | Country<br>USA  |  |

FILED

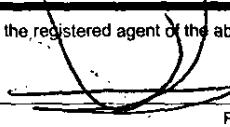
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


**REINSTATEMENT** 0103

|   |   |
|---|---|
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b><br>8-17-2000 | <b>Applied For</b><br><input type="checkbox"/> Not Applicable               |
| <b>5. FEI Number</b><br>631137933   | <b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> |
| \$8.75 Additional Fee required for a Certificate of Status                      |   |

|  |                   |
|--|-------------------|
| <b>7. Name and Address of Current Registered Agent</b>                           |                   |
| Name<br>CT Corporation System  |                   |
| Street Address (P.O. Box Number is Not Acceptable)<br>1200 Southpine Island Road |                   |
| Suite, Apt. #, Etc.<br>700013632747<br>03/07/03-01049-010 **1058 75              |                   |
| City<br>Plantation   | State<br>FL       |
|  | Zip Code<br>33324 |

|   |  |
|---|--|
| <b>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.</b> |  |
| Signature of Registered Agent<br>  | <b>PETER F. SOUZA</b><br>ASSISTANT SECRETARY<br>REGISTERED AGENT MUST SIGN<br>Date 2/21/03 |

| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b> |                                   |  |                    |
|--|-----------------------------------|--|--------------------|
| Titles   | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
| PCD  | Harper, Ronald E.                 | 572 Yorkville Rd West                          | Columbus, MS 39702 |
| VD   | Williams, Ralph K.                | 572 Yorkville Rd West                          | Columbus, MS 39702 |
| STD  | Harper, Timothy W.                | 572 Yorkville Rd West                          | Columbus, MS 39702 |
|  |                                   |  |                    |
|  |                                   |  |                    |
|  |                                   |  |                    |

|  |                           |
|--|---------------------------|
| <b>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.</b> |                           |
| <b>SIGNATURE:</b>  Ronald E. Harper   | Date 2/27/03 662-243-7308 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                           |

CR2E081 (10/02)

# GHOLSON, HICKS & NICHOLS

A PROFESSIONAL ASSOCIATION

*Attorneys at Law*

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\* Also admitted in District of Columbia  
\*\* Also admitted in Arkansas  
\*\*\* Also admitted in Alabama

MAILING ADDRESS:  
P.O. Box 1111  
Columbus, MS 39703-1111

February 27, 2003

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Office Management Systems of Alabama, Inc.  
Document No. F00000004754  
FEI No.: 631137933

To Whom It May Concern:

Enclosed please find a completed and executed Corporation Reinstatement form for the above referenced corporation. I have also enclosed our firm's check number 026932 in the amount of \$1,058.75, which includes your fee of \$1,050.00 for reinstatement of said corporation, and \$8.75 for a Certificate of Status. Please forward the Certificate of Status to my attention at the mailing address listed above.

Thank you for your assistance in this matter.

Sincerely yours,



John W. Crowell

JWC:mdm  
enclosure

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