

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 DEC 20 PM 3: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000000708

1. Corporation Name

HostPro, Inc

2. Principal Office Address

303 PEACHTREE CENTER AVE

Suite, Apt. #, etc.

500

City & State

ATLANTA, GA

Zip

30303

Country

3. Mailing Office Address

303 PEACHTREE CENTER AVE

Suite, Apt. #, etc.

500

City & State

ATLANTA, GA

Zip

30303

Country

U.S.

REINSTATEMENT

4. Date Incorporated or Qualified

To Do Business in Florida 02/05/2001

5. FEI Number

82-0514454

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

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

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

Rachel T. Hayes

RACHEL T. HAYES

ASSISTANT SECRETARY

Date 12/13/2004

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
PRES	JOEL KOCHER	303 PEACHTREE CENTER AVE, STE 500	ATLANTA, GA 30303
CFO	ALLEN SHULMAN	303 PEACHTREE CENTER AVE, STE 500	ATLANTA, GA 30303
TREA	DERICK RHOTON	303 PEACHTREE CENTER AVE, STE 500	ATLANTA, GA 30303

400043002124
11/24/04--01050--021 **750.00

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:

Derick Rhott

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/04

Date

404-260-2548

Daytime Phone #

CR2E081 (01/04)