

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06-07

DOCUMENT # F01000002959

1. Corporation Name

The Cube Corporation

2. Principal Office Address - No P.O. Box #  
10745 Westside Parkway

3. Mailing Office Address  
10745 Westside Parkway

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

City & State

Alpharetta, Georgia

City & State

Alpharetta, Georgia

Zip

30004

Country

USA

Zip

30004

Country

USA

7. Name and Address of Current Registered Agent

NRAI Services, Inc

Street Address or P.O. Box Number is Not Applicable

2731 Executive Park Drive

Suite, Apt. #, Etc.

4

City

Weston

State

FL

Zip Code

33331

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 817.0603, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

12/18/2007

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
COO	Mr. Michael D. Kapp	10745 Westside Pkwy	Alpharetta, GA 30135
CEO	Mr. Kenneth E Smith	10745 Westside Pkwy	Alpharetta, GA 30135
D	Mr. Leonard Moodispan	10745 Westside Pkwy	Alpharetta, GA 30135
D	Mr. Maynard Anderson	10745 Westside Pkwy	Alpharetta, GA 30135
D	Mr. Michael Ryan	10745 Westside Pkwy	Alpharetta, GA 30135

500111535599  
10/31/07--01010--016 \*\*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 contained in Chapter 118, 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

Date

Daytime Phone #

1/4/08

FILED

08 JAN -3 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

5001113757505

01/04/08--01003--017 \*\*158.75

CR2E081 (1/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
54-1702527

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$0.75 Additional Fee required  
for a Certificate of Status

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.