2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F01000003724

1. Entity Name
PLANNING, RESEARCH, ANALYSIS, DESIGN GROUP,



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

05 FEB 25 AM 8: 39

INC.			'		0511025 7	
Principal Place of Business Mailing Address						
101 MARIETTA ST STE 3502 ATLANTA, GA 30305		101 MARIETTA ST STE 3502 ATLANTA, GA 30305			REINSTATEMENT 04-05	
2. Principal P	lace of Business	3. Mailing Address			I IDDINOR IIII ARIER IIJAN TAHN ESIN ORDIN ARIIN BAINA IREN ITANIA ILEN ORDIGOR KI IBBN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02182005 REIN-P CR2E098 (6/04)	
City & State		City & State			4. FEI Number Applied For 58-1521909 Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
PAULER, CHRISTIN L.				Name Ge	orge Reynolds	
401 HARBOUR PLACE DRIVE			ĺ	Street Addres	ss (P.O. Box Number is Not Acceptable)	
SUITE 1425 TAMPA, FL 33602				2202 North West Shore Boulevard		
				City Tar	mpa FL Zip Code 33607	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
Marie Carlos						
SIGNATURE Signature, typed or prince name of registered agent and fitte if applicable (NOTE: Registered Agent signature required when reinstating) DATE						
	- ·	: •			,	
FII	LE NOW!!! FEE IS \$900.00					
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE Name	P SARDEN, AVERY	☐ Delete	TITLE		☐ Change ☐ Addition	
STREET ADDRESS	101 MARIETTA ST STE 3502	3502 STRI		ADDRESS	500047873835 03/08/0501010017 ***908.75	
CITY-ST-ZIP	ATLANTA, GA 30350		CITY-ST	T-ZIP		
TITLE NAME	JAFARI, JEFF	☐ Delete	TITLE		· Change Addition	
STREET ADDRESS	101 MARIETTA ST STE 3502			ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30350 ST	Delete	CITY-ST	T-ZIP	☐ Change ☐ Addition	
NAME	JAFARI, NANCY	C.r Delete	NAME		Change E Adultion	
STREET ADDRESS CITY-ST-ZIP	101 MARIETTA ST STE 3502		STREET A	ADDRESS	<u>-</u>	
TITLE	ATLANTA, GA 30350	□ Delete	TITLE	1-21	☐ Change ☐ Addition	
NAME	REYNOLDS, GEORGE		NAME			
STREET ADDRESS CITY-ST-ZIP	101 MARIETTA ST STE 3502 ATLANTA, GA 30350		STREET CITY-ST	ADDRESS T-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADORESS	PAKTEE, VANESSA 12 PIEDMONT CTR, STE 205		NAME	ADDRESS D	Pelete	
CITY-ST-ZIP	ATLANTA, GA		CITY-ST			
TITLE		☐ Defete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME STREET	ADDRESS		
CITY-ST-ZIP			CITY-S1			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director						
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: SLOPA Remolds 404-979-3300						
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR Deta Daytime Prone #						