2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0100003724 1. Entity Name PLANNING, RESEARCH, ANALYSIS, DESIGN GROUP, INC.						06 007 19 7H 4: 57				
Principal Place of Business 101 MARIETTA ST STE 3502 ATLANTA, GA 30305		Mailing Address 101 MARIETTA ST STE 3502 ATLANTA, GA 30305			4			Sac Miller		
233 YOCHTU ST-Harris Taylı Suite, Apt. #. etc. 1700		Suite, Apt. #, etc.				REWSTATEMENT/0200				W6_
AFRANTAL, Ga.		City & State							Ap	plied For t Applicable
80303	6. Name and Address of Current R	Zip	Count	ry		4-1	of Status Desi	Fee Required		
REYNOLDS, GEORGE 2202 NORTH WEST SHORE BLVD TAMPA, FL 33607 City VILST—Off Page 13607 7. Name and Address of New Registered Agent Name Claracter Agent Name Address of New Registered Agent								tia		
8. The above name the 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. SIGNATURE SIGNATURE On 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. NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWIII FEE IS \$750.00 After January 1, 2007, Fee will be \$900.00										
10.	OFFICERS AND D	DIRECTORS	11.			ADDITIONS.	CHANGES TO	OFFICERS A	ND DIRECTORS	3 IN 11
NAME STREET ADDRESS CITY-ST-ZIP	P SARDEN, AVERY 101 MARIETTA ST STE 3502 ATLANTA, GA 30350	ST STE 3502				2 10/1		3 097 10290	□ Change □ 7 2 2 18 **75	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Delete JAFARI, JEFF 101 MARIETTA ST STE 3502 ATLANTA, GA 30350		TITLE NAME STREET ADDRESS CITY-ST-ZIP						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Delete JAFARI, NANCY 101 MARIETTA ST STE 3502 ATLANTA, GA 30350		NAMI STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP					□ Сћапде	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete REYNOLDS, GEORGE 101 MARIETTA ST STE 3502 ATLANTA, GA 30350		NAME STRE	THLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AKTEE, VANESSA 2 PIEDMONT CTR, STE 205			ET ADDRESS ST-ZIP	lanes 133 f 14 f	ssa M beachtre anta, 1	anley est. el Gia 31	T 1700 303	☐ Change	Addition
IIILE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	CITY	ET ADDRESS -ST-ZIP					☐ Change	Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SIGNATURE 10 11 10 11 10 979. 3300 SIGNATURE AND DATE OF PRINTS NAME OF SIGNING OFFICER OR DIRECTOR Date D										