

FILED

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PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F01000004529

1. Corporation Name
Granger, Thagard & Associates, Inc.

2. Principal Office Address - No P.O. Box # 1806 OXMOOR RD		3. Mailing Office Address 1806 OXMOOR RD	
SUBD, Apt. #, etc.		SUBD, Apt. #, etc.	
City & State BIRMINGHAM AL		City & State BIRMINGHAM AL	
Zip 35209	Country USA	Zip 35209	Country USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
8/28/2001

5. FEIN NUMBER
631159104

6. CERTIFICATE OF STATUS DESIRED
\$9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Applicable)
1200 South Pine Island Rd

CITY, Apt. #, Etc.
Plantation

State
FL

Zip Code
33324

FEB -5 2015

L. SELLERS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.

Signature of Registered Agent: *Daphne Berry* Assistant Secretary Date: **2/4/2015**

REGISTERED AGENT MUST SIGN

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
P	JACK F GRANGER	1806 OXMOOR RD	BIRMINGHAM AL 35209
VP	GEORGE W THAGARD	1806 OXMOOR RD	BIRMINGHAM AL 35209
ST	KATHRYN G THAGARD	1806 OXMOOR RD	BIRMINGHAM AL 35209

REINSTATEMENT

09-15

10. E-mail Address: **BILL@STAUCTIONS.COM**

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapters 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolving has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *George W. Thagard* **1/30/2015** **205-410-6751**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT
GRANGER, THAGARD & ASSOCIATES, INC.

Certificate of Status	0
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