

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV -7 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F02000003203**

1. Corporation Name

AFFLINK INCORPORATED

Principal Place of Business

1400 AFFLINK PLACE
TUSCALOOSA AL 35406

Mailing Address

1400 AFFLINK PLACE
TUSCALOOSA AL 35406

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/24/2002

5. FEI Number **63-1201794**
APPLIED FOR

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|--|--------------------------------|
| C | KEITH, ROBERT E | 1400 AFFLINK PLACE | TUSCALOOSA AL 35406 |
| DP / C | MULLEN, ROBIN | 1400 AFFLINK PLACE | TUSCALOOSA AL 35406 |
| DS | DUET, NATHAN | 12500 WEST CREEK PARKWAY | RICHMOND VA 23238 |
| D | JOCHIM, MIKE | 7420 RANCO ROAD | RICHMOND VA 23238 |
| AS V | SHIELDS, SHERMAN H JR. | 1400 AFFLINK PLACE | TUSCALOOSA AL 35406 |
| D | SLEDD, ROBERT | 12500 WEST CREEK PARKWAY | RICHMOND VA 23238 |

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

400024508604

11/07/03--01050--012 **150.00

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Rachel T. Hayes
RACHEL T. HAYES
ASSISTANT SECRETARY

Date

10/27/03

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/30/03

Daytime Phone #

205-344-4115

CR2E040 (7/03)



October 22, 2003

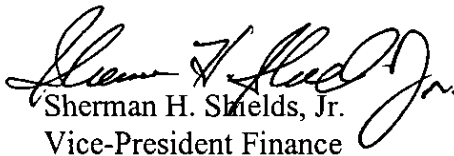
Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Please waive the reinstatement fee, since we did not receive the two prior uniform business report (UBR) notices. We have enclosed the Application for Reinstatement and the UBR filing fee of \$150.00.

If you have any questions or need additional information, please contact me at (205) 344-4115. Thanks in advance for your assistance.

Sincerely,


Sherman H. Shields, Jr.
Vice-President Finance