PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 DEC 22 PM 5:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700139210217
12/22/08--01061--012 **1050.00

700139210217
12/22/08--01061--013 **8.75

REINSTATEMENT 06-08

DOCUMENT # F03000004400

1. Corporation Name

MAG Mutual Financial Services, Inc.

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
3525 Piedmont Rd.		3525 Piedmont Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Bldg. 8, Suite 601		Bldg. 8, Suite 601	
City & State		City & State	
Atlanta, GA		Atlanta, GA	
Zip	Country	Zip	Country
30305	USA	30305	USA

4. Date Incorporated or Qualified To Do Business in Florida 9-2-02

5. FEI Number
58-2242202
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ X — $8.75 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 Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

☐ 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.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Madonna Cuddihy Date 12/11/08
REGISTERED AGENT MUST SIGN Special Assistant Secretary

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	See Attached List		

12/22

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 119, 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: Darrell O. Grimes 404-842-5629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Corporation Reinstatement Form
Reference # 9

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P	Darrell O. Grimes	3525 Piedmont Rd. Bldg. 8, Suite 600	Atlanta, GA 30305
V	Michael A. Chlon	3525 Piedmont Rd. Bldg. 8, Suite 600	Atlanta, GA 30305
T	Marc D. Hammett	3525 Piedmont Rd. Bldg. 8, Suite 600	Atlanta, GA 30305
S	Marilyn J. Allen	3525 Piedmont Rd. Bldg. 8, Suite 600	Atlanta, GA 30305
Asst. S	Carroll Curry	3525 Piedmont Rd. Bldg. 8, Suite 601	Atlanta, GA 30305
C	Roy W. Vandiver, M.D.	3525 Piedmont Rd. Bldg. 8, Suite 600	Atlanta, GA 30305
D	Catherine S. Andrews, M.D.	3825 Cherokee Street	Kennesaw, GA 30144
D	Benjamin H. Cheek, M.D.	2000 Hamilton Road	Columbus, GA 31904-8927
D	William C. Collins, M.D.	6000 Winterhur Dr., N.W.	Atlanta, GA 30328
D	E. Daniel DeLoach, M.D.	7208 Hodgson Memorial Dr.	Savannah, GA 31406
D	Ralph L. Haynes, M.D.	5505 Peachtree Dunwoody Rd. Suite 370	Atlanta, GA 30342
D	Joseph S. Wilson, Jr., M.D.	755 Mount Vernon Highway Suite 530	Atlanta, GA 30328