

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JUN -5 AM 3:42

DOCUMENT # F04000004544

1. Corporation Name

SHEPHERD CENTER, INC.

2. Principal Office Address - No P.O. Box #

2020 PEACHTREE ROAD, N.W.

Suite, Apt. #, etc.

City & State

ATLANTA, GA

Zip

30309

Country

USA

3. Mailing Office Address

C/O ARMS
3675 CRESTWOOD PARKWAY

Suite, Apt. #, etc.

350

City & State

DULUTH, GA

Zip

30096

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08-09-2004

5. FEI Number

51-0141601

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

URS AGENTS, LLC

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

1540 GLENWAY DRIVE

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

600260956326
06/05/14--01017--005 **297.50

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

Kaura Bailey
REGISTERED AGENT MUST SIGN

Date *6-4-2014*

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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
	JAMES H. SHEPHERD, JR. CHAIRMAN	2020 PEACHTREE ROAD, N.W.	ATLANTA, GA 30309
	GARY ULICNY PRESIDENT AND CEO, <i>Director</i>	2020 PEACHTREE ROAD, N.W.	ATLANTA, GA 30309
	WILLIAM C. FOWLER TREASURER, <i>Director</i>	2020 PEACHTREE ROAD, N.W.	ATLANTA, GA 30309
	STEPHEN B. GOOT CORPORATE SECRETARY	2020 PEACHTREE ROAD, N.W.	ATLANTA, GA 30309
	EMORY A. SCHWALL VICE PRESIDENT	2020 PEACHTREE ROAD, N.W.	ATLANTA, GA 30309
	MRS. ALANA SHEPHERD RECORDING SECRETARY	2020 PEACHTREE ROAD, N.W.	ATLANTA, GA 30309

10. E-mail Address: SHEPHERDCENTER@EZCOMPLY.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 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., 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:

Gary R. Ulicny
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/29/14
Date

877-275-2767

Daytime Phone #

JUN 5 2014