PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 JUL 29 AM 10:09

KS

DOCUMENT # F06000000357

1. Corporation Name
CARR, ALLISON, PUGH, HOWARD, OLIVER & SISSON, P.C.

000183358100
07/16/10--01021--020 **750.00

REINSTATEMENT 08-10
(Effective 08-10)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 100 Vestavia Pkwy | 100 Vestavia Pkwy |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Birmingham AL | City & State: Birmingham AL |
| Zip: 35216 Country: USA | Zip: 35216 Country: USA |

4. Date Incorporated or Qualified To Do Business in Florida: 1/1/06

5. FEI Number: 72135 1859 ☐ 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: William B. Graham

Street Address (P.O. Box Number is Not Acceptable): 305 South Gadsden Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

000183358100
07/29/10--01031--011 **308.75

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: _____ Date: 7-14-10
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| P | Charles F. Carr | 100 Vestavia Pkwy | |
| V | Russell Q. Allison | 100 Vestavia Pkwy | |
| S | Thomas L. Oliver | 100 Vestavia Pkwy | |
| T | Bennett L. Pugh | 100 Vestavia Pkwy | |
| | | | |
| | | | |

10. **E-mail Address:** plynch@carrallison.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., 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.

**SIGNATURE:** _____ 7/12/10 205-822-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #