PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
'14 JUN 18 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700261420787

CR2E081 (11/10)

DOCUMENT # F08000003910

1. Corporation Name

CROFT & ASSOCIATES, P.C.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 3400 Blue Springs Road NW | 3400 Blue Springs Road NW |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Suite 200 | Suite 200 |
| City & State | City & State |
| Kennesaw, GA | Kennesaw, GA |
| Zip / Country | Zip / Country |
| 30144 / US | 30144 / US |

4. Date Incorporated or Qualified To Do Business in Florida: 09/08/2008

5. FEI Number: 202310854 — 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee | State: FL | Zip Code: 32301

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: Emily Gray Asst VP — Date: 6/18/14
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 | James Croft | 3400 Blue Springs Road NW, Ste 200 | Kennesaw, GA 30144 |
| VP | William Jackson | 3400 Blue Springs Road NW, Ste 200 | Kennesaw, GA 30144 |
| | | | |
| | | | |
| | | | JUN 18 2014 |
| | | | M. WILLIAMS |

10. **E-mail Address:** WJROGAN@CROFTANDASSOCIATES.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:** William Jackson 6.17.14
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 160029 7892250

AUTHORIZATION :

COST LIMIT : $ 1500.00

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ORDER DATE : June 2, 2014

ORDER TIME : 1:08 PM

ORDER NO. : 160029-015

CUSTOMER NO: 7892250

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RECEIVED
14 JUN 16 AM 11:25
SECRETARY OF STATE

REINSTATEMENT

NAME: CROFT & ASSOCIATES, P.C.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Gray

EXAMINER'S INITIALS _____