PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 NOV -7 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F10093

1. Corporation Name

Re:Source South Florida, Inc.

2. Principal Office Address	3. Mailing Office Address
3350 Burris Road	3350 Burns Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Ft. Lauderdale, FL	Ft. Lauderdale, FL
Zip: 33314 Country: Broward	Zip: 33314 Country: Broward

REINSTATEMENT 03

4. Date Incorporated or Qualified To Do Business in Florida: 10-31-80

5. FEI Number: 59-2038003 ☐ 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

400023830874
10/15/03--01074--008 **250.00

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 by: Corporation Service Company Lynette Coleman as its agent
REGISTERED AGENT MUST SIGN

Date: 11/5/03

CR2E081 (10/02)

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	David L. Prosser	2859 Paces Ferry Rd #2000	Atlanta, GA 30339
T	Patrick C. Lynch	2859 Paces Ferry Rd #2000	Atlanta, GA 30339
S	Raymond S. Willoch	2859 Paces Ferry Rd #2000	Atlanta, GA 30339
VP	Joseph W. Foye	2859 Paces Ferry Rd #2000	Atlanta, GA 30339
D	Daniel T. Hendrix	2859 Paces Ferry Rd #2000	Atlanta, GA 30339

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 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: Raymond S. Willoch, Sr. V.P. & Sec. 10/3/03 770 437 6860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Raymond S. Willoch

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