

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<p>APPLICATION FOR REINSTATEMENT</p>	<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>	<p>FILED 00 MAY 25 PM 3:29 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>																													
<p>DOCUMENT # FC13000005527 1. Corporation Name <i>HBR Capital, Ltd., Inc.</i></p>		<p>REINSTATEMENT <i>CP100</i></p>																													
<p>Principal Place of Business: <i>Two Ravinia Drive, Suite 1750, Atlanta, GA 30346</i> Mailing Address: <i>Two Ravinia Drive, Suite 1750, Atlanta, GA 30346</i></p> <p><small>If above addresses are incorrect in any way, line through incorrect information and enter correction below.</small></p>																															
<p>2. New Principal Office Address, if Applicable</p>		<p>3. New Mailing Address, if Applicable</p>																													
<p>Suite, Apt. #, etc.</p>		<p>Suite, Apt. #, etc.</p>																													
<p>City & State</p>		<p>City & State</p>																													
<p>Zip</p>	<p>Country</p>	<p>Zip</p>	<p>Country</p>																												
<p>4. Date Incorporated or Qualified To Do Business in Florida: <i>12-6-93</i></p>		<p>5. FEI Number: <i>58-2011675</i></p>																													
<p>6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/></p>		<p>Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/></p>																													
<p>7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Directors)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:10%;">1 Title(s)</th> <th style="width:30%;">2 Name of Officers and/or Directors</th> <th style="width:40%;">3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)</th> <th style="width:20%;">4 City/State/Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>David G. Hanna</td> <td>Two Ravinia Drive, Suite 1750</td> <td>Atlanta, GA 30346</td> </tr> <tr> <td>CEO</td> <td>Frank Hanna III</td> <td>Two Ravinia Drive, Suite 1750</td> <td>Atlanta, GA</td> </tr> <tr> <td>Sec.</td> <td>David G. Hanna</td> <td>Two Ravinia Drive, Suite 1750</td> <td>Atlanta, GA</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip	President	David G. Hanna	Two Ravinia Drive, Suite 1750	Atlanta, GA 30346	CEO	Frank Hanna III	Two Ravinia Drive, Suite 1750	Atlanta, GA	Sec.	David G. Hanna	Two Ravinia Drive, Suite 1750	Atlanta, GA												
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City/State/Zip																												
President	David G. Hanna	Two Ravinia Drive, Suite 1750	Atlanta, GA 30346																												
CEO	Frank Hanna III	Two Ravinia Drive, Suite 1750	Atlanta, GA																												
Sec.	David G. Hanna	Two Ravinia Drive, Suite 1750	Atlanta, GA																												
<p>8. Name and Address of Current Registered Agent</p> <p><i>CT Corporation System 1200 South Pine Island Road Plantation, FL 33324</i></p>		<p>9. Name and Address of New Registered Agent</p> <p>Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ Suite, Apt. #, Etc.: _____ City: _____ State: FL Zip Code: _____</p>																													
<p>10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.</p> <p>Signature of Registered Agent: <i>[Signature]</i> ALLEN FARNELL Date: <i>05/24/00</i> REGISTERED AGENT ASSISTANT SECRETARY</p>																															
<p>11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)</p>																															
<p>12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</p>																															
<p>SIGNATURE: <i>[Signature]</i> David G. Hanna, President Date: <i>0-14-00</i></p>		<p>SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____</p>																													