PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 19 AM 10:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001382**

1. Corporation Name

CENTER SERVICES, INC.

Principal Place of Business	Mailing Address
100 GALLERIA PKY NW SUITE 1070 ATLANTA GA 30339 US	100 GALLERIA PKY NW SUITE 1070 ATLANTA GA 30339 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	3130 Gravois
City & State		City & State	St. Louis, MO
Zip	Country	Zip	63118
		Country	U.S.A

4. Date Incorporated or Qualified To Do Business in Florida: 03/18/1994

5. FEI Number: 33-0524339 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~PC~~ P	~~LAWSON, VINT~~ Andrew Spann	~~100 GALLERIA PKY NW #1070~~ 3130 Gravois	~~ATLANTA GA 30339~~ St Louis, Mo 63118
~~STD~~ V	~~FAUGETTE, BRICKFORD~~ Daniel Short	100 GALLERIA PKY NW #1070	ATLANTA GA 30339
~~VD~~ Controller	~~BURNS, MICHAEL J~~ Terry M Anderson	100 GALLERIA PKY NW #1070	ATLANTA GA 30339
			100003060621--3 -12/03/99--01098--019 ***1500.00 ****750.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/99)

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.

Signature of Registered Agent: JENNIFER F AULTMAN ASSISTANT SECRETARY REQUIRED Date: 11-5-99

REGISTERED AGENT MUST SIGN

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 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: REQUIRED 11/3/99 770-859-9000 KE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #