

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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REINSTATEMENT **09-13**

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400002247

1. Corporation Name
BULLOCK, SMITH AND PARTNERS, INC.

2. Principal Office Address - No P.O. Box # 306 West Depot Ave. <small>Suite, Apt. #, etc.</small> Suite 201 City & State Knoxville, TN Zip 37917 Country USA		3. Mailing Office Address 306 West Depot Ave. <small>Suite, Apt. #, etc.</small> Suite 201 City & State Knoxville, TN Zip 37917 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida **05-02-94**

5. FEI Number **62-1193455** Applied For NOT Applicable

6. CERTIFICATE OF STATUS DESIRED STATE (submit a fee report to the Secretary of State)

7. Name and Address of Current Registered Agent

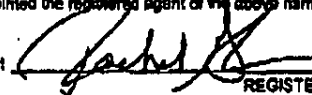
Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
Suite, Apt. #, Etc.

City
Plantation State
FL Zip Code
33324

300244781973
02/15/13--01033--028 ***1350.0

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0605 or 817.0603, F.S.


Signature of Registered Agent  **Rachel Glasheen**
1768 President & Assistant Secretary
REGISTERED AGENT MUST SIGN. Date **1/23/2013**

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres	John W. Endsley	306 W. Depot Ave., Suite 201	Knoxville, TN 37917
Chairman	Steve L. White	300 9th Ave. South	Nashville, TN 37203
VP	Curtis Catron	306 W. Depot Ave., Suite 201	Knoxville, TN 37917
VP	Craig Hausman	300 9th Ave. South	Nashville, TN 37203
Sec	Kenneth Moffett	306 W. Depot Ave., Suite 201	Knoxville, TN 37917
Dir	Nell K.T. Campbell	306 W. Depot Ave, 201	Knoxville, TN 37917

10. E-mail Address: **pjmiles@bullocksmith.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 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 807.0401 or 817.0401, 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: John W. Endsley  **01-23-13 865/546-5772**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #