

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| APPLICATION FOR REINSTATEMENT | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|-------------------------|
| DOCUMENT # F9400000 3354 | | | |
| 1. Corporation Name Transcend Case Management, Inc. | | | |
| Principal Place of Business 3101 Maguire Boulevard Suite 100 Orlando, Florida 32803 | | Mailing Address Same | |
| If above addresses are incorrect in any way, line through incorrect information and enter correction below. | | | |
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| | | 4. Date Incorporated or Qualified To Do Business in Florida | |
| | | 5. FEI Number 58-1485945 | |
| | | Applied For Not Applicable | |
| | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |
| 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 (Do NOT Use Post Office Box Numbers) 3 | City / State / Zip 4 |
| 1, | Larry Gerdes President | 3353 Peachtree Road #1000 | Atlanta, GA 30326 |
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| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| CT Corp 1201 Peachtree Street Atlanta, GA 30361 | | Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code | |
| 1200 PINE ISLAND PLANTATION, FL 33324 | | FL | |
| 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 Mary Radama | | Date 1-25-99 | |
| REGISTERED AGENT MUST SIGN | | | |
| 11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.) | | | |
| 12. 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: Day | | Date 1.12.99 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # 404.864.8000 | |