

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 OCT 13 PM 2:04

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

600161649196
10/13/09--01035--008 **1200.00

0209
[Signature]

DOCUMENT # F94000004651

1. Corporation Name

1220 Exhibits, Inc.

2. Principal Office Address - No P.O. Box #

3801 Vulcan Drive

State, Apt. #, etc.

City & State

Nashville, TN

Zip

37211

Country

USA

3. Mailing Office Address

3801 Vulcan Drive

State, Apt. #, etc.

City & State

Nashville, TN

Zip

37211

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
62-0876762

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

CT Corporation System

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

1200 S. Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Signature]

Terence Hardley Asst. Secretary

Date 10/7/09

REGISTERED AGENT MUST SIGN

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
CD	Gerald T Carden	3801 Vulcan Drive	Nashville, TN 37211
VD	John Cherry III	3801 Vulcan Drive	Nashville, TN 37211
PD	Matthew T Carden	3801 Vulcan Drive	Nashville, TN 37211
VDST	Erma Clement	3801 Vulcan Drive	Nashville, TN 37211
VD	Craig Dunn	3801 Vulcan Drive	Nashville, TN 37211

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 contained in Chapter 119, F.S. The information included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Erma Clement - ERMA CLEMENT

10/8/09

615-333-1220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #