DI EASE DEAD /	ALL INICTOL	ICTIONS	PEEODE O	OMDLET	INC THIS FOR	DN4	
APPLICATION FLORIDA DEPARTMEN FOR Sandra B. Mort			tham	E AND FILED			
REINSTATEMENT ***		Secretary of State vision of corporations		1997	1997 NOV -3 PM 2: 14		
DOCUMENT # F9500004722  1. Corporation Name  LADD OF METROPOLITAN ATLANTA, INC.			;	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
DISS OF METHOLOGINA ATEMATA, 1140.							
Principal Place of Business Malling Addr 1183 11W1 34 2193 11W1 54 MORROW GA 30290. MORROW GA		PD BOX 15496					
TA  If above addresses are incorrect in any way, line through incorrect in		11ahussee, tc. 32317 - 5496 RE		***************************************	TATEME	0.00	
New Principal Office Address, If Applicable 3. New Maili		ng Office Address, If Applicable 4. Date I To Do		Date Incorporate To Do Busin	orated or Qualified less in Florida	09/28/1995	
Sulte, Api. # ptc. 3 Market ST.  City & State = 11.	Suite, Apt. #, etc.		_	5. FEI Number	58-1880192	Applied For	
Zio 2 Country	/9// Zip	Country Country		6.	OF STATUS DESIRED	\$8.75 Additional Fee required	
7. Names and Street Addresses of Each Officer and/o	32317 - 54 r Director (Florida n	onprofit corpora	lions must list at lea		OF STATUS DESIRED	for a Certificate of Status	
Title(s) Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
PDC MANSELL, DAVID C		2049 KINDERTON MANOR DR.			DULUTH GA 30136		
SD CORNELISON, RONNIEL  V/D Isa W. Thompson		-2357-MAHOGANY-GLEN PLACE			LAWRENCEVILLE GA-30243		
TD KIRKPATRICK, JONATHAN		39 Madison ST. 3387 BRENDA LANE			Chattahoschee, FC 32329 LITHIA SPRINGS GA 30057		
DASKEW, WILLIAM E JR		<del>7814 FIELDER R</del> D.			JONESBORO GA 30236		
D MONROE, TERESA		-2440 BARGE RD., 8W, #1111			ATLANTA QA 30331		
B		450 S. PEACHTREE PKWY., #V-203		)3	PEACHTREE CITY GA 30269		
8. Name and Address of Current Registered Agent Name				9. Name and Address of New Registered Agent			
THOMPSON, IRA W			Ira W. (nom/sow				
TALLAHASSEE FL 32303 Achunge			Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  -11/04/9701027001  City / C. #2/43/00 State   Zip Code				
19. 1, being appointed the registered for nt of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.							
Signature of Registered Agent / Ma Whomp REGISTERED AGENT MUST SIGN  Date 11/3/97							
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No No (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: DOOR PHINICIPAL OF SIGNING OFFICER OR DIRECTOR Date Daylimo Phone #							