

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # F96000001465

1. Corporation Name

RELIANCE TRUST COMPANY

98 NOV 19 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~3235 NORTHCREST ROAD, NE
ATLANTA GA 30340-4899~~

~~P.O. BOX 48409
ATLANTA GA 30362-1409~~

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

2. New Principal Office Address, If Applicable

3384 PEACHTREE RD.

Suite, Apt. #, etc.

SUITE 900

City & State

ATLANTA, GA

Zip

30326

Country

USA

3. New Mailing Office Address, If Applicable

3384 PEACHTREE RD.

Suite, Apt. #, etc.

SUITE 900

City & State

ATLANTA, GA

Zip

30326

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

03/21/1996

5. FEI Number

58-1428634

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PC D	PHELPS, KENNETH J	950 E PAGES FERRY ROAD, STE 2840 3384 PEACHTREE RD.	ATLANTA GA, 30326
V	GUTHRIE, ANTHONY A	950 E PAGES FERRY ROAD, STE 2840 3384 PEACHTREE RD.	ATLANTA GA, 30326
V D	MAXWELL, JAMES T	950 E PAGES FERRY ROAD, STE 2840 3384 PEACHTREE RD, STE 900	ATLANTA GA, 30326
S	WALKER, W R DAWSON, JERRY	3235 NORTHCREST ROAD 3384 PEACHTREE RD, STE 900	ATLANTA GA, 30326
T	GEORGE, DEBORAH D	3235 NORTHCREST ROAD 3384 PEACHTREE RD, STE 900	ATLANTA GA, 30326

8. Name and Address of Current Registered Agent

MARRA, MICHAEL J
101 N.E. 3RD AVENUE
SUITE 100
FT LAUDERDALE FL 33301

9. Name and Address of New Registered Agent

Name
600002699666--4
Street Address (P.O. Box Number is Not Acceptable)
1112/98--01001--001
Suite, Apt. #, Etc.
***750.00 ***750.00
City
State
FL Zip Code

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

[Signature] REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/17/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes

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:

[Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DEBORAH D. GEORGE

11/16/98

Daytime Phone #

404-467-5347

CR2ED040 (9/88)