

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # F96000001844**

1. Corporation Name  
**INTOWN MANAGEMENT, INC.**

Principal Place of Business  
**615 PEACHTREE STREET, NE  
SUITE 1100  
ATLANTA GA 30308-2312**

Mailing Address  
**615 PEACHTREE STREET, NE  
SUITE 1100  
ATLANTA GA 30308-2312**

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

2. New Principal Office Address, If Applicable

**100 Peachtree St.**

Suite, Apt. #, etc.

**Suite 450**

City & State

**Atlanta GA**

Zip

**30303-3352**

Country

**USA**

3. New Mailing Office Address, If Applicable

**100 Peachtree St.**

Suite, Apt. #, etc.

**Suite 450**

City & State

**Atlanta GA**

Zip

**30303-3352**

Country

**USA**

**REINSTATEMENT 99**

4. Date Incorporated or Qualified To Do Business In Florida

**04/12/1996**

5. FEI Number

**58-2084851**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<b>P</b>	<b>HARRELL, MELTON</b>	<b>615 PEACHTREE STREET, NE STE 110</b>	<b>ATLANTA GA</b>
<b>S</b>	<b>SPENCER, LINDA</b>	<b>615 PEACHTREE STREET, NE STE 110</b>	<b>ATLANTA GA</b>

**100002356641--6  
-11/25/97--01044--025  
\*\*\*\*750.00 \*\*\*\*750.00**

**11/21**

8. Name and Address of Current Registered Agent

**JONES, JOHN  
1351 AIRPORT ROAD  
JACKSONVILLE FL 32218**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

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

*John Jones*

REGISTERED AGENT MUST SIGN

Date

**11/17/97**

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:

*Linda Spencer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/2/97**

Date

**404-223-1870**

Daytime Phone #

CR20040 (8/97)