

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F96000002857

1. Corporation Name

901 MAITLAND CENTER INC.

00 NOV 14 AM 10:14



REINSTATEMENT

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Principal Place of Business
3424 PEACHTREE RD., NE
SUITE 800
ATLANTA GA 30326
ATTN: Gail Knight

Mailing Address
3424 PEACHTREE RD., NE
SUITE 800
ATLANTA GA 30326
ATTN: Gail Knight

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

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida
06/07/1996

5. FEI Number
58-2231661

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	City / State / Zip
PD	RYAN, JAMES P	3424 PEACHTREE RD., NE, SUITE 800	ATLANTA GA 30326
DV	FORTH, WILLIAM R	3424 PEACHTREE RD., NE, SUITE 800	ATLANTA GA 30326
DVT	WAGGONER, ROBERT A	3424 PEACHTREE RD., NE, SUITE 800	ATLANTA GA 30326
T D	URDANICK, PETER J Terrold Barag	3424 PEACHTREE RD., NE, SUITE 800	ATLANTA GA 30326
S	MCKEAN, THOMAS A	3424 PEACHTREE RD., NE, SUITE 800	ATLANTA GA 30326
VAT VAS	SNEDEKER, PATRICIA C Debbie J. Newmark	3424 PEACHTREE RD., NE, SUITE 800 3424 Peachtree Rd. NE Ste 800	ATLANTA GA 30326 Atlanta GA 30326

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State
Zip Code

10. I, being appointed the registered agent of the above named corporation, hereby certify that I am a resident of this state and am qualified to act as such under section 607.0505, F.S.

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Signature of Assistant Secretary
Date 11/9/00

11. 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: Debbie J. Newmark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10/16/00
Daytime Phone # 404-848-8600

CR2040 (9/00)