

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

**CORPORATION  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 DEC -6 AM 9: 08

DOCUMENT # **190000003805**

1. Corporation Name

**TOC, Inc.**

1997-200  
4BR

2. Principal Office Address

**133 Carnegie Way**  
**Suite, Apt. #, etc.**  
**600**

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**Atlanta, GA**

City & State

Zip

**30303**

Country

**USA**

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**7/26/1996**

5. FEI Number

**582241461**

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

**C T Corporation System**

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

**c/o C T Corporation System 1200 South Pine Island Road**

Suite, Apt. #, Etc.

City

**Plantation**

State

**FL**

Zip Code

**33324**

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

**Joan Bolden**

**JOAN BOLDEN**

REGISTERED AGENT MUST SIGN

**ASSISTANT SECRETARY**

Date

**12/3/01**

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
Pres.	<b>Floyd Gary Thacker</b>	<b>133 Carnegie Way Suite 600</b>	<b>Atlanta, GA 30303</b>
VP	<b>Harry K. Myers</b>	<b>133 Carnegie Way Suite 600</b>	<b>Atlanta, GA 30303</b>
Sec.	<b>Jan P. Bryson</b>	<b>133 Carnegie Way Suite 600</b>	<b>Atlanta, GA 30303</b>
V	<b>Linda Myers</b>	<b>133 Carnegie Way Suite 600</b>	<b>Atlanta, GA 30303</b>
M	<b>Brian Keith Thacker</b>	<b>133 Carnegie Way Suite 600</b>	<b>Atlanta, GA 30303</b>

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 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:

**Harry K Myers**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date **12/03/01**  
Daytime Phone **404/585/1370**

CR2001 (9/00)

202

The Carnegie Building  
133 Carnegie Way / Suite 600  
Atlanta, GA 30303  
Phone 404.525.1370  
Fax 404.525.1376

**Thacker Operating Company**

December 3, 2001

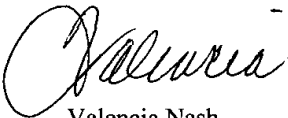
Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Representative:

I have enclosed \$773.75 and a reinstatement form. The fee includes the annual registration past due fees and a copy of the certificate of status for our records. The reinstatement fees are waived according to a representative I spoke with on Monday, December 3, 2001.

Please let me know if you require any additional information by contacting me at the number above.

Sincerely,



Valencia Nash  
Corporate Counsel

Cc:  
Harry K. Myers

