

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

191

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUL 26 PM 4:33

DOCUMENT # **F97000000446**

1. Corporation Name

MidSouth Capital, Inc.

2. Principal Office Address

601 Woodlawn Drive

Suite, Apt. #, etc.

Suite 300

City & State

Maricetta, GA

Zip

30067

Country

USA

3. Mailing Office Address

601 Woodlawn Drive

Suite, Apt. #, etc.

Suite 300

City & State

Maricetta, GA

Zip

30067

Country

USA

REINSTATEMENT *01-04*

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

37-0983535

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

Stephanie Gillcrust

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

7956 Hollyridge Road

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32256

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

Stephanie Gillcrust
REGISTERED AGENT MUST SIGN

Date *7/22/04*

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
<i>D</i> CEO	<i>Mark D. Hill</i>	<i>370 Dogwood Trail</i>	<i>Maricetta, GA 30067</i>
<i>D</i> SrVP	<i>Paul C. LaVielle</i>	<i>2350 Mitchell Road</i>	<i>Maricetta, GA 30062</i>
<i>D</i> CFO	<i>John D. Margeson, Jr.</i>	<i>545 Greenland Rd.</i>	<i>Atlanta, GA 30342</i>

500039539375
07/26/04 01076-005 **600.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John D. Margeson, Jr.
CFO

Date

6/23/04 (770) 973-9748
Daytime Phone #

CR2E081 (01/04)



MIDSOUTH CAPITAL
INCORPORATED

209-
Member NASD/SIPC

June 23, 2004

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

To Whom It May Concern:

In speaking with a gentleman at 850-245-6051 I was advised to request a waiver of any penalties due to the fact that we never received earlier notices from the State of Florida. The correct address is on our corporation reinstatement application.

Enclosed is a check for \$600.00 for 2001, 2002, 2003 & 2004.

Regards,

John D. Margeson, Jr.
CFO/Secretary, MidSouth Capital, Inc.