

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

99 JAN 28 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F97000003891**

1. Corporation Name
Jellystone, Inc.

Principal Place of Business Mailing Address
**One Office Park Circle, Suite 300
Birmingham, Alabama 35223**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 07/24/97	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 72-1384215	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P/T	William W. McDonald	One Office Park Circle, Suite 300	Birmingham, AL 35223
V/S	Cornelia W. McDonald	One Office Park Circle, Suite 300	Birmingham, AL 35223
V/AS	Turner O. Waide	One Office Park Circle, Suite 300	Birmingham, AL 35223
V	Milton Harsh	One Office Park Circle, Suite 300	Birmingham, AL 35223
D	Turner O. Waide	One Office Park Circle, Suite 300	Birmingham, AL 35223
D	Thomas J. Maddox	One Office Park Circle, Suite 300	Birmingham, AL 35223

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324		Name REINSTATEMENT 78 1/29/99 Suite, Apt. #, Etc. City State Zip Code FL	

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 *Dale H. Morris* REGISTERED AGENT MUST SIGN Date **1/25/99**

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No
600002765576--4
-02/05/99--01019--012
300.00

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: *Thomas J. Maddox, Jr.* THOMAS J. MADDOX, JR. 1/14/99 (205) 879-0456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2040 (1-98)