

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 NOV 19 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005324

1. Corporation Name

SUBURBAN MANAGEMENT, INC.

Principal Place of Business Georgia 300 Galleria Parkway, Suite 1200  
Atlanta, Georgia 30339

ATTN: DAVID KRISCHER  
1000 PARKWOOD CIRCLE, STE. 850  
ATLANTA GA 30339

ATTN: DAVID KRISCHER  
1000 PARKWOOD CIRCLE, STE. 850  
ATLANTA GA 30339



REINSTATEMENT

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

2. New Principal Office Address, If Applicable <u>300 Galleria Parkway</u> Suite, Apt. #, etc. <u>Suite 1200</u> City & State <u>Atlanta, GA</u> Zip <u>30339</u> Country <u>USA</u>		3. New Mailing Office Address, If Applicable <u>300 Galleria Parkway</u> Suite, Apt. #, etc. <u>Suite 1200</u> City & State <u>Atlanta, GA</u> Zip <u>30339</u> Country <u>USA</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>10/09/1997</u>	
		5. FEI Number <u>58-1847799</u>		Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input 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
<del>SPX</del>	KRISCHER, DAVID	<del>1000 PARKWOOD CIRCLE, STE. 850</del> 300 Galleria Parkway, Suite 1200	ATLANTA GA 30339
<del>C</del>	BERMANER, DAN J	<del>1000 PARKWOOD CIRCLE, STE. 850</del> 300 Galleria Parkway, Suite 1200	ATLANTA GA 30339
<del>S/VP</del>	PFANNES, KEVIN	<del>1000 PARKWOOD CIRCLE, STE. 850</del> 300 Galleria Parkway, Suite 1200	ATLANTA GA 30339
<del>T/VP / CAO</del>	FELDMAN, TERRY	<del>1000 PARKWOOD CIRCLE, STE. 850</del> 300 Galleria Parkway, Suite 1200	ATLANTA GA 30339
<del>CFO</del>	Chuck Criscillis	300 Galleria Parkway, Suite 1200	Atlanta, GA 30339
<del>P</del>	Seth Christian	300 Galleria Parkway, Suite 1200	Atlanta, GA 30339

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	<u>400002695064--8</u>
Suite, Apt. #, Etc.	<u>-11/24/98-01031-012</u>
City	<u>****750.00 ****750.00</u> 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

Laura R. Pines **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

11-19-98

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

Kevin Pfannes **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin Pfannes, Vice President

11/13/98  
Date

770-799-5000  
Daytime Phone #

CR2E040 (9/96)