PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 JUN 24 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000000689

1. Corporation Name
The InterCept Group, Inc.

2. Principal Office Address		3. Mailing Office Address	
3150 Holcomb Bridge Road		3150 Holcomb Bridge Road	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Norcross, Georgia		City & State Norcross, Georgia	
Zip 30071	Country USA	Zip 30071	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 02/05/1998

5. FEI Number 58-2237359 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑

7. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 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 617.0303, F.S.

Signature of Registered Agent: Shelley Savage Vice President — Date: 6-24-03
REGISTERED AGENT MUST SIGN

CR2E031 (1/03)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO, D	John W. Collins	3150 Holcomb Bridge Rd, Suite 200	Norcross, GA 30071
P	G. Lynn Bogge	3150 Holcomb Bridge Rd, Suite 200	Norcross, GA 30071
CFO/S	Scott. R. Meyerhoff	3150 Holcomb Bridge Rd, Suite 200	Norcross, GA 30071
		REINSTATEMENT 07-03 BJS	

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: Scott R Meyerhoff — (770)248-9600
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

Page 1 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000219860 1)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)222-9428

CORPORATION REINSTATEMENT

THE INTERCEPT GROUP, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75