

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -5 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 98000003562

1. Corporation Name

AMSOUTH U.S.A., INC.

2. Principal Office Address

2878 CARNES RD

Suite, Apt. #, etc.

City & State

JONESBORO, GA 3023

Zip

30236

Country

USA

3. Mailing Office Address

2878 CARNES RD

Suite, Apt. #, etc.

City & State

JONESBORO, GA

Zip

30236

Country

USA

REINSTATEMENT 01-04

4. Date Incorporated or Qualified

To Do Business in Florida 06/23/1998

5. FEI Number

593305205

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANK GESNER

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

5800 WEST BAY DR

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33770

900041815839
10/12/04--01038--005 **1208.75

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

Frank Gesner

REGISTERED AGENT MUST SIGN

Date 10/05/2004

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
P	DONALD R LEWIS	2878 CARNES RD	JONESBORO, GA 30236
S	DERECK HOWELL	5241 ROSETRACE TERR	POWDER SPRINGS GA 30127

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:

Donald R Lewis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-04-2004 770 473 6000

Date

Daytime Phone #

CR25061 (07/04)