


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  01 DEC 13 PM 4:19  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT # F98000003567</b>					
<b>1. Corporation Name</b> SC OF TENNESSEE, INC.					
<b>2. Principal Office Address</b> 302 East Cowan Drive  Suite, Apt. #, etc.		<b>3. Mailing Office Address</b> 302 East Cowan Drive  Suite, Apt. #, etc.		<b>REINSTATEMENT</b> (001)  <b>4. Date Incorporated or Qualified To Do Business in Florida</b> 6/23/98  <b>5. FEI Number</b> 75-2617400 <div style="display: flex; justify-content: space-between;"><div><b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/></div><div>\$8.75 Additional Fee required for a Certificate of Status</div></div>	
<b>City &amp; State</b> Houston, TX		<b>City &amp; State</b> Houston, TX			
<b>Zip</b> 77007	<b>Country</b> USA	<b>Zip</b> 77007	<b>Country</b> USA		
<b>7. Name and Address of Current Registered Agent</b>					
Name CT 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					
<b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617 503, F.S.</b> Signature of Registered Agent: Connie Bryan Date: 12/13/01 REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
C	John A. Morris	870 Tyne Boulevard	Nashville, TN 37220		
T/S	Brenda Hardison	3401 West End Ave., Ste. 685	Nashville, TN 37203		
P	Alfred H. Morris	970 Park Avenue	New York, NY 10028		
D	Julia Morris	870 Tyne Boulevard	Nashville, TN 37220		
<b>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.</b>					
<b>SIGNATURE:</b> John A. Morris		Date: 9/13/01 615 665-4448			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #			

CR2E081 (9/00)