

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 21 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F99000001345**

1. Corporation Name

W.H. Stuart Mutuals, Ltd.

000005651580--2
-05/30/02--01037--009
***1058.75 ***1058.75

2. Principal Office Address

1550 Beaver Ruin Rd.

Suite, Apt. #, etc.

Suite 200

City & State

Norcross GA

Zip

30093

Country

USA

3. Mailing Office Address

1550 Beaver Ruin Rd.

Suite, Apt. #, etc.

Ste-200

City & State

Norcross, GA

Zip

30093

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

3/11/99

5. FEI Number

58-2422451

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Paracorp Incorporated

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

236 E. 6th Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

Denise Zollner

Denise Zollner, Asst. Secretary

Date

5/14/02

REGISTERED AGENT MUST SIGN

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	James H.M. Stuart	1550 Beaver Ruin Rd., Ste. 200	Norcross, GA 30093
S/T	Kirk A. McMillan	1550 Beaver Ruin Rd., Ste. 200	Norcross, GA 30093

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:

Kirk A. McMillan

Kirk A. McMillan

4/29/02

Date

(678) 380-6071

Daytime Phone #

CR2E081 (9/01)