

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 20 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F99000001439

1. Corporation Name

Burch Corporation

2. Principal Office Address - No P.O. Box #
216 Oporto-Madrid Blvd S.

Suite, Apt. #, etc.

City & State
Birmingham, AL

Zip 35206

3. Mailing Office Address
P.O. Box 610566

Suite, Apt. #, etc.

City & State
Birmingham, AL

Zip 35261

Country USA

7. Name and Address of Current Registered Agent

Name
NRAI Services, Inc.

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

2731 Executive Park Drive

Suite, Apt. #, Etc.

Suite 4

City
Weston

State FL Zip Code 33331

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

Wick Cook, Asst Secretary

Date 4/9/2010

REGISTERED AGENT MUST SIGN

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
Pres.	John P. Baker	216 Oporto-Madrid Blvd S.	Birmingham, AL 35206
CFO	Fred Cook	216 Oporto-Madrid Blvd S.	Birmingham, AL 35206
VP	Robert McCulley	216 Oporto-Madrid Blvd S.	Birmingham, AL 35206
VP	Kathy Houston	216 Oporto-Madrid Blvd S.	Birmingham, AL 35206
Sec	Thomas J. Curtin	216 Oporto-Madrid Blvd S.	Birmingham, AL 35206

10. E-mail Address: fredcook@burchcorp.com

(To be used for future annual report notification)

11. 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. I further certify, 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: Fred Cook

Fred Cook

4-9-10 205-833-1293

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #