


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
FORM OF STATE
DIVISION OF CORPORATIONS

03 FEB 17 AM 11:30

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000005234
1. Corporation Name
Julian LeCraw and Company, Inc.

2. Principal Office Address 1575 Northside Dr., Bldg 100		3. Mailing Office Address 1575 Northside Dr., Bldg 100	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Atlanta, Georgia		City & State Atlanta, Georgia	
Zip 30318	Country USA	Zip 30318	Country USA

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03/06/03--01060--017 **1200.00

REINSTATEMENT *200-2003*

4. Date Incorporated or Qualified To Do Business in Florida	10/11/99
5. FEI Number	58-1740423
Applied For	Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: UCC Filing & Search Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 526 East Park Avenue
Suite, Apt. #, Etc.:
City: Tallahassee
State: FL
Zip Code: 32301

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: *Alison Hard*
Date: 2/14/03
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
D/P	Julian Lecraw, Jr.	1575 Northside Dr., Bldg. 100 Ste 100	Atlanta, Georgia 30318
D/T	Michael E. Tompkins	1575 Northside Dr., Bldg. 100 Ste 100	Atlanta, Georgia 30318
D/S	Walker Lee	1575 Northside Dr., Bldg. 100 Ste 100	Atlanta, Georgia 30318
D	Steve Broome	1575 Northside Dr., Bldg. 100 Ste 100	Atlanta, Georgia 30318
D	David Baycura	1575 Northside Dr., Bldg. 100 Ste 100	Atlanta, Georgia 30318

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: *David Baycura*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: David Baycura, Director
Date: 2/11/03
Daytime Phone #: 404-367-6062

CR2E081 (10/02)