

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FLORIDA DEPARTMENT 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

Suite, Apt. #, etc.

Suite 200

City & State

Atlanta, Georgia

Zip

30318

Country

USA

3. Mailing Office Address

1575 Northside Dr., Bldg 100

Suite, Apt. #, etc.

Suite 200

City & State

Atlanta, Georgia

Zip

30318

Country

USA

REINSTATEMENT

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 ☐

\$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 Hand

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

David Baycura, Director

2/11/03

404-367-6062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)