PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 25 PM 4:26

DOCUMENT # **F99000005309**

1. Corporation Name

SALEM ASSOCIATES, INC.

Principal Place of Business	Mailing Address
7074 PEACHTREE INDUSTRIAL BLVD.. STE. 210 NORCROSS GA 30071	7074 PEACHTREE INDUSTRIAL BLVD.. STE. 210 NORCROSS GA 30071

REINSTATEMENT 01

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 10/15/1999

5. FEI Number: 58-2129561 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCD	GARG, SUNDAR	10730 BRANAHAM FIELDS ROAD	DULUTH GA 30097
VD	NAGARAJAN, NOG A	3900 NOBLIN RIDGE DRIVE	DULUTH GA 30097

600004679026--1
-11/14/01--01066--011
****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
BEENAN, CHUCK 15350 AMBERLY DRIVE, APT. #1822 TAMPA FL 33647	Name: BEEMAN, CHUCK Street Address (P.O. Box Number is Not Acceptable): 10000, GATE PKWY NORTH Suite, Apt. #, Etc.: # 1223 City: JACKSONVILLE State: FL Zip Code: 32246

CR2E040 (8/01)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: X SIGNATURE REQUIRED — Date: X 10/22/2001
REGISTERED AGENT MUST SIGN

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 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: SUNDAR NAGARAJAN — 10/12/01 — (770)729 8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #