

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 21 PM 6:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006302

1. Corporation Name

RS Andrews of Stuart II, Inc.

REINSTATEMENT 02

2. Principal Office Address

3510 Dekalb Technology Parkway

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30340

Country

USA

3. Mailing Office Address

3510 Dekalb Technology Parkway

Suite, Apt. #, etc.

City & State

Atlanta, GA

Zip

30340

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/07/1999

5. FEI Number

58-2505563

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

CT Corporation System

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

1200 Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

33324

500009158485

11/21/02--01070--024 *758.75

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

REGISTERED AGENT MUST SIGN

JENNIFER F AULTMAN
ASSISTANT SECRETARY

Date 11/20/02

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
CEO	Jack Dowling	3510 Dekalb Technology Pkwy	Atlanta, GA 30340
CFO	Mercer Granade	3510 Dekalb Technology Pkwy	Atlanta, GA 30340
SEC	Mercer Granade	3510 Dekalb Technology Pkwy	Atlanta, GA 30340

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/02

Date

404-853-8504

Daytime Phone #

CR2E081 (9/01)