

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 29 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006675

1. Corporation Name

Thompson, Hancock, Witte & Associates, Inc.

2. Principal Office Address - No P.O. Box #

2100 RiverEdge Parkway

Suite, Apt. #, etc.

Suite 900

City & State

Atlanta, Georgia

Zip

30328

Country

US

3. Mailing Office Address

2100 RiverEdge Parkway

Suite, Apt. #, etc.

Suite 900

City & State

Atlanta, Georgia

Zip

30328

Country

US

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

Incorp. 07/01/1971

5. FEI Number

58-1108140

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 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Mark D. Tilden

REGISTERED AGENT MUST SIGN

Date 10/26/09

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
Pres	Mark D. Tilden	2100 RiverEdge Pkwy. Suite 900	Atlanta, GA 30328
Ex. VP	James H. Hudgins	2100 RiverEdge Pkwy. Suite 900	Atlanta, GA 30328
VP	John E. Enwright	2100 RiverEdge Pkwy. Suite 900	Atlanta, GA 30328

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 contained in Chapter 119, 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:

Mark D. Tilden

MARK D. TILDEN

10-23-09

404252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8040

10/30