

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 FEB 25 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DOCUMENT # G59926

1. Corporation Name

Carroll Fulmer & Company, Inc.

2. Principal Office Address

8340 American Way

Suite, Apt. #, etc.

City & State

Groveland, FL

Zip

34736

Country

3. Mailing Office Address

8340 American Way

Suite, Apt. #, etc.

City & State

Groveland, FL

Zip

34736

Country

REINSTATEMENT 01-02

4. Date Incorporated or Qualified
To Do Business in Florida

9/19/83

5. FEI Number

59-2341068

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, Broward County

State
FL

Zip Code
33324

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*****908.75 *****908.75

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

[Signature]

ALLAN FARNELL
ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 2/21/02

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
COO	James G. Overley	2859 Paces Ferry Road, Ste 1740	Atlanta, GA 30339
CFO/T	Ken Ollwerther	2859 Paces Ferry Road, Ste 1740	Atlanta, GA 30339

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]
Kenneth Ollwerther

NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/21/02 770 444 0240

Daytime Phone #