


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:07

DOCUMENT # **K09810**

1. Corporation Name

Jones and Kolb P.A.

**W02000021510**

2. Principal Office Address  
**3495 Piedmont Rd, NE  
Ten Piedmont Ctr, #100**

3. Mailing Office Address  
**Same as #2**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Atlanta, GA**

City & State  
**Same**

Zip  
**30305**

Country  
**US**

Zip  
**Same**

Country  
**Same**

4. Date Incorporated or Qualified  
To Do Business in Florida **1/1/1988**

5. FEI Number **58-1763570**

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 S. Pine Island Road**

Suite, Apt. #, Etc.

City  
**Plantation**

State  
**FL**

Zip Code  
**33324**

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

Date

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
Pres	Michael D. Nelson	3495 Piedmont Rd, Bldg 10	#100 Atlanta, GA 30305
VP	Ann M. Thompson	" " "	" "
VP	David A. Hendelberg	" " "	" "
VP	Douglas D. Thornton	" " "	" "
VP	Colin E. Blalock	" " "	" "
VP	G. Bliss Jones	" " "	" "
VP	Lofton B. Odom	" " "	" "
VP	Kenneth J. Jimenez	" " "	" "
VP	J. Clifford Haygood	" " "	" "

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: **Michael D Nelson**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/28/06** **404-262-7920**  
Date Daytime Phone #



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 9, 2006

JONES AND KOLB, P.A.  
3495 PIEDMONT ROAD NE  
TEN PIEDMONT CTR #100  
ATLANTA, GA 30305

SUBJECT: JONES AND KOLB, P.A.  
Ref. Number: K09810

We have received your document for JONES AND KOLB, P.A. and check(s) totaling \$158.75. However, your check(s) and document are being returned for the following:

Please be advised the above reference corporation was administratively dissolved or its certificate of authority was revoked for failure to file its 2000 corporate annual report form. Our records indicate the 2000 annual report was returned by the U.S. Postal Service as undeliverable. Therefore, we can waive the reinstatement fee, only the report fees for each year is required to make the corporation active.

The total amount required is \$1050.00. Add an additional \$8.75 for each certificate of status requested.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tyrone Scott  
Document Specialist

Letter Number: 306A00032875