PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
DIVISION OF CORPORATIONS
06 FEB 20 AM 9:19

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

200067310852
03/07/06--01021--024 **250.00

DOCUMENT # L04000001559

1. Limited Liability Company's Name
Vital Records Control of Florida, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
11901 Amedicus Lane	11901 Amedicus Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33916 Country: Lee	Zip: 33916 Country: Lee

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/31/2003

6. FEI Number: 41-2067833 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Danny Palo

Street Address (P.O. Box Number is Not Acceptable): 11901 Amedicus Lane

Suite, Apt. #, Etc.

City: Fort Myers State: FL Zip Code: 33916

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] -EVP Date: 1/16/06

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
Mgrm	Jimmie D. Williams	100 Peabody Pl., Ste. 1400	Memphis, TN 38103
Mgr	Thomas R. Petty	9060 Bridge Forest Dr.	Germantown TN 38138
Mgr	Danny Palo	2153 Idlewood Cove	Germantown TN 38139
		REINSTATEMENT 04-06	

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] -EVP Date: 1/16/06 Daytime Phone #: 901-363-6555

Typed or printed name of signing Managing Member/Manager: Danny Palo