JUL-31-1996 16:34 CT CORPORATION SYSTEM 404 888 6490 P.03/03

APPLICATION FOR REINSTATEMENT FOR 95-96

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

APPROVED AND FILED
96 NOV -8 PM 1:47
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Corporation: DOCUMENT # L19074

WYHUMA, Inc.
330 West Fairbanks Ave
Winter Park, FL 32789

If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ W96-116780

2. Mailing Address: 7908 S. Mem Pkwy
City and State: HSV, AL
Zip Code: 35803

3. Date Incorporated or Qualified To Do Business in Florida: 9/28/89

4. FEI Number: 59-2989899

☐ FEI Number Applied For
☐ FEI Number Not Applicable

5. Names and Street Addresses of Each Officer and/or Director

1 Title	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City and State
PVS	Smith, JP 6220 Fairview Rd Atlanta, GA 30306		

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****583.75 ****583.75

REINSTATEMENT 95-96
A. Alan
11-8-96

This corporation has liability for intangible tax under section 199.032, Florida Statutes. ☐ Yes ☐ No
For intangible tax information call Department of Revenue 904-488-6800.

6. Name and Address of Current Registered Agent

Paul Smith
330 West Fairbanks Ave.
Winter Park, FL 32789

7. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (Do NOT Use P.O. Box Number): 1200 South Pine Island Road
City and State: Plantation 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, F.S.

Signature of Registered Agent: [signature] CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 8/9/96
REGISTERED AGENT MUST SIGN

9. 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., and that all fees owed by the corporation 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 Officer or Director: [signature] Date: 7/31/96 Phone #

Typed or printed name of signing officer or director: J. Paul Smith

10. Should you desire a certificate of status check the box.

CERTIFICATE OF STATUS DESIRED ☒

TOTAL P.03