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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

M01000002545

02 DEC 12 AM 9:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

000009495450
12/12/02--01127--003 **150.00

1. DOCUMENT # M01000002545

Name and Mailing Address

0007238 01 FP 0.352 **PRSRT T2 0 0615 30005-220420

JAS IMAGING, LLC
120 BLUEGRASS VALLEY PKWY.
ALPHARETTA GA 30005-2204

12/12 2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
GA

5. ~~Date Organized or Qualified~~ To Do Business in Florida 11/13/2001

Principal Place of Business
120 BLUEGRASS VALLEY PKWY.
ALPHARETTA GA 30005

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 58-2659941 APPLIED FOR ☐ Applied For ☐ Not Applicable

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

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

10. 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 Brian Courtney Asst. V. Pres. Date 11-12-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SMART, JOHN A	120 BLUEGRASS VALLEY PKWY.	ALPHARETTA GA 30005

12. 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 SMART Date 12/3/02 Daytime Phone # 770-360-1700

Typed or printed name of signing Managing Member/Manager John A. Smart IV