

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

02 FEB 26 AM 11:25

DOCUMENT # M81614

1. Corporation Name

Corpas Investments Inc.

700005073877--5
-03/08/02--01068--034
***1058.75 ***1058.75

2. Principal Office Address

1800 Peachtree St.

Suite, Apt. #, etc.

620

City & State

Atlanta, GA

Zip

30309

Country

USA

3. Mailing Office Address

1800 Peachtree St.

Suite, Apt. #, etc.

620

City & State

Atlanta, GA

Zip

30309

Country

USA

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/98

5. FEI Number

59-2890565

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

ucc Filing & Search Services Inc.

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

526 E Park Ave

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Alison Hand

Date

2/25/02

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
C/P	Robert J. Mottern	1800 Peachtree St., NE Suite 620	Atlanta, GA 30309
D/S/T	Kevin Welch	468 North Camden Dr. Suite 200	Beverly Hills, CA 90210

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:

Robert J. Mottern

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/02

Date

404-365-9799

Daytime Phone #

CR2E081 (9/01)