PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

(1)

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -3 PM 11:02

DOCUMENT # M99-1782

1. Limited Liability Company's Name
ForeSite, LLC.

2. Principal Office Address	**3.** Mailing Office Address
22 Inverness Center Pkwy	22 Inverness Center Pkwy
Suite, Apt. #, etc.: Suite 500	Suite, Apt. #, etc.: Suite 500
City & State: Birmingham, AL	City & State: Birmingham, AL
Zip: 35242 Country: USA	Zip: 35242 Country: USA

4. State/Country of Formation: Alabama, USA

5. Date Organized or Qualified To Do Business in Florida: 2/12/99

6. FEI Number: 63-1220725 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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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: Dale H. Morris Date: 10/31/00
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MEM	John W. McRoberts	22 Inverness Cntr. Pkwy	Birmingham, AL 35242
MEM	Andrew L. Kizer	22 Inverness Cntr. Pkwy.	Birmingham, AL 35242
MEM	Michael L. Smith	22 Inverness Cntr. Pkwy	Birmingham, AL 35242
MEM	D. Taylor Robinson	22 Inverness Cntr. Pkwy	Birmingham, AL 35242

11. I certify that I am a 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: Andrew L. Kizer Date: 10/31/00 Daytime Phone #: 205-437-3200

Typed or printed name of signing Managing Member/Manager: Andrew L. Kizer