PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 AUG 10 PM 12:40

DOCUMENT # N26620

1. Corporation Name

RHA/Florida Operations, Inc.

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-08/22/01--01086--012
****306.25 ****306.25

REINSTATEMENT 00-DP

2. Principal Office Address	**3.** Mailing Office Address
3060 Peachtree Road, N.W.	3060 Peachtree Road, N.W.
Suite, Apt. #, etc.: One Buckhead Plaza, S-900	Suite, Apt. #, etc.: One Buckhead Plaza, S-900
City & State: Atlanta, GA	City & State: Atlanta, GA
Zip: 30305 Country: USA	Zip: 30305 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 05/25/1988

5. FEI Number: 58-1796700 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 8751 West Broward Boulevard

Suite, Apt. #, Etc.:

City: Plantation State: 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 or 617.0503, F.S.

Signature of Registered Agent: JENNIFER F AULTMAN ASSISTANT SECRETARY Date: 8/8/01

REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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
	SEE ATTACHED EXHIBIT A		
	236.25 Adm		
	61.25 - AR		
	8.75 - Cert		
			AD

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: Bryant G. Coats President 08/08/01 (404) 364-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

EXHIBIT "A"

RHA/FLORIDA OPERATIONS, INC.
OFFICERS AND DIRECTORS

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City/State/Zip
P/D	Bryant G. Coats	3060 Peachtree Rd., NW One Buckhead Plaza Suite 1150	Atlanta, GA 30305
C/D	Robert B. Coats, Jr.	311 Dawnbrook Drive	Flat Rock, NC 28731
EVP/ COO/ D	Gordon J. Simmons	1200 Ridgefield Blvd. Suite 270	Asheville, NC 28806
VP/D	Mr. Chet H. Bradeen	2/61 Kirribilli Avenue	North Sydney NSW 2061 Australia
VP/D	William P. Walker	224 Quail Lane Lake Martin	Dadeville, AL 36853
S/D	Charles W. Northcutt, III	600 Monument Street	Dothan, AL 36303
D	Howard Oakes	1932 N. Druid Hill Rd., NE Suite 200	Atlanta, GA 30319
D	James D. Loftin, Jr.	600 Monument Street	Dothan, AL 36303
CFO	John R. West	3060 Peachtree Rd., NW One Buckhead Plaza Suite 900	Atlanta, GA 30305
VP/AS	Chase Northcutt	3060 Peachtree Rd., NW One Buckhead Plaza Suite 900	Atlanta, GA 30305