PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 FEB 24 PM 3:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000034194

1. Corporation Name

MAINSTREET AT VERO BEACH, INC.

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
6000 Lake Forrest Dr., [illegible]	6000 Lake Forrest Dr.
Suite, Apt. #, etc. Suite 560	Suite, Apt. #, etc. Suite 560
City & State Atlanta, GA	City & State Atlanta, GA
Zip 30328 Country	Zip 30328 Country

4. Date Incorporated or Qualified To Do Business in Florida 4/4/2000

5. FEI Number #58-2564343 ☐ 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: Robert A. Peters

Street Address (P.O. Box Number is Not Acceptable): 1017 Casseekey Lane

Suite, Apt. #, Etc.:

City: Vero Beach | State: FL | Zip Code: 32963

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 X Robert A. Peters Date 2/20/04

REGISTERED AGENT MUST SIGN

CR2E084 (01/04)

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
P/D	Brooks Hatfield	6000 Lake Forrest Drive Suite 560	Atlanta, GA 30328
VP/D	Robert A. Peters	1017 Casseekey Lane	Vero Beach, FL 32963
S/T/D	Russell H. Kasper	3490 Piedmont Road Suite 400	Atlanta, GA 30305

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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: Brooks Hatfield 2/19/04

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

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