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11 FEB 23 PM 12:22

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000011934

1. Corporation Name

SOUTH ATLANTIC TRAFFIC CORPORATION

200195800162
02/23/11--01023--013 **900.00

CR2E081 (6/10)

2. Principal Office Address - No. P.O. Box #	3. Mailing Office Address
3400 Peachtree Road	3400 Peachtree Road
Suite, Apt. #, etc. Suite 111	Suite, Apt. #, etc. Suite 111
City, State: Atlanta, GA	City, State: Atlanta, GA
Zip 30326 / Country USA	Zip 30326 / Country USA

4. Date Incorporated or Qualified To Do Business In Florida 02/01/2001

5. FEI Number 59-3701343 ☐ 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: McRae & Metcalf, P.A.

Street Address (P.O. Box Number is Not Acceptable): 306 South Plant Avenue

Suite, Apt. #, Etc.:

City: Tampa / State: FL / Zip Code: 33606

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 _____ Date 12/13/10

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
[redacted]	[redacted]	[redacted]	[redacted]
D	Robert Miller	3400 Peachtree Road Suite 111	Atlanta, GA 30326
D	David Ray	3400 Peachtree Road Suite 111	Atlanta, GA 30326
D	Brandon Ray	3400 Peachtree Road Suite 111	Atlanta, GA 30326
D	Michael Kocan	3400 Peachtree Road Suite 111	Atlanta, GA 30326

REINSTATEMENT 2010-11

S. HAWKES
JAN 23 2011
EXAMINER

10. E-mail Address: bdray8@hotmail.com
(To be used for future annual report notification)

11. 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. I further certify, 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: _____ BRANDON RAY (DIRECTOR) 2/10/11 813-225-1125

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