

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 JAN 22 PM 2:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Nth Degree, Inc.

2. Principal Office Address

1492 Kelton Drive

Suite, Apt. #, etc.

City & State

Stone Mtn, GA

Zip

30083

Country

USA

3. Mailing Office Address

1492 Kelton Drive

Suite, Apt. #, etc.

City & State

Stone Mtn, GA

Zip

30083

Country

USA

REINSTATEMENT 2000

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-6-84

5. FEI Number

58-1352663

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)

1200 S. Pine Island Road

Suite, Apt. #, Etc.

600003631936--0

02/02/01--01142--015

***758.75 ***758.75

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

REGISTERED AGENT MUST SIGN

JENNIFER FAULTMAN
ASSISTANT SECRETARY

Date: 1.17.2001

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 |
|-----------------------|--------------------------------------|---|---------------------|
| Pres | Samuel Lacey | 1492 Kelton Drive | Stone Mtn, GA 30083 |
| CEO/ Director | Jack McEntee | Same | |
| Sec/Treas Director | Patrick Alacqua | Same | |
| Asst Secr | Elizabeth Hurt | Same | |
| | | | |
| | | | |
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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:

Elizabeth Hurt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-01

Date

404-296-5282

Daytime Phone #

CR2E081 (9/99)