

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P16245**

1. Corporation Name
JUDI'S HOUSE, INC.

| | |
|-------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business | Mailing Address |
| 4200 NORTHSIDE PKWY BLDG 11, STE 100 ATLANTA GA 30327 | 4200 NORTHSIDE PKWY BLDG 11, STE 100 ATLANTA GA 30327 |

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

| | | | |
|------------------------------------------------|---------|----------------------------------------------|---------|
| 2. New Principal Office Address, If Applicable | | 3. New Mailing Office Address, If Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

FILED
02 JAN -4 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 01

| | |
|----------------------------------------------------------------------------------------------------------------------|------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | 10/06/1987 |
| 5. FEI Number | 58-1745476 |
| Applied For | |
| Not Applicable | |
| 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------------------------------|----------------------|
| 1 Title(s) | 2 Name of Officers and/or Directors | 3 Street Address of Each Officer and/or Director | 4 City / State / Zip |
| PTD | CAPROTTI, CLAUDIO | 4200 NORTHSIDE PKWY, BLDG. 11, Ste 100 | ATLANTA GA 30327 |
| M | JOHN R. BEACHAM | 4200 N'SIDE PKWY BLDG 11 STE 100 | ATLANTA, GA 30327 |
| | | | |
| | | | |
| | | | |
| | | | |

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****750.00 ****750.00

8. Name and Address of Current Registered Agent
**CAPROTTI, CLAUDIO
C/O MORGAN & HENDRICK
317 WHITEHEAD STREET
KEY WEST FL 33040**

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent *Claudio Caprotti* Date 12/21/01
REGISTERED AGENT MUST SIGN

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 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: *John R. Beacham* 12/24/01 404-233-6394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)