PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 SEP 29 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17518

1. Corporation Name
Scantron Corporation

2. Principal Office Address	**3.** Mailing Office Address
2939 Miller Road	2939 Miller Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Decatur, GA	City & State: Decatur, GA
Zip: 30035 Country: USA	Zip: 30035 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 12/31/87

5. FEI Number 95-2767912 ☐ 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

400041176994
09/20/04--01071--001 **508.75

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

REINSTATEMENT 63-04

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 9/16/04

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
Dir	Timothy C. Tuff	2939 Miller Road	Decatur/GA/30035
Dir/VP/	John C. Walters	2939 Miller Road	Decatur/GA/30035
Pres/D	Thomas R. Hoag	2939 Miller Road	Decatur/GA/30035
Treas	Henry R. Bond	2939 Miller Road	Decatur/GA/30035
A. Sec	Sarah K. Bowen	2939 Miller Road	Decatur/GA/30035

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: _____ 770-593-5050

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