

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 NOV -9 PM 4:33 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # P32019 1. Corporation Name RAYCOM MANAGEMENT GROUP, INC.					
Principal Place of Business P.O. BOX 33367 CHARLOTTE NC 28233-3367		Mailing Address P.O. BOX 33367 CHARLOTTE NC 28233-3367			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable 2815 Coliseum Centre Dr Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 201 Monroe Street Suite, Apt. #, etc. 20th Floor		4. Date Incorporated or Qualified To Do Business in Florida 12/05/1990	
City & State Charlotte, NC		City & State Montgomery, AL		5. FEI Number 56-1536425	
Zip 28217	Country USA	Zip 36104	Country USA	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	2	3	4	5	6
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
C P	HAYES, JOHN Warren, Ray	RSA TOWER SUITE 701, 201 MONROE 500 Fifth Avenue, Suite 2330	MONTGOMERY AL 36104 New York, NY 10110		
D V	HAWKINS, KEN Haines, Ken	RSA TOWER SUITE 710, 201 MONROE 2815 Coliseum Centre Dr.	MONTGOMERY AL 36104 Charlotte, NC 28217		
V T,D	HAINES, KEN McTear, Paul	412 EAST BLVD. 201 Monroe Street, 20th Fl	CHARLOTTE, NC 28202 Montgomery, AL 36104		
D S	SEFERT, JIM Bryan, Rebecca	RSA TOWER SUITE 710, 201 MONROE 201 Monroe Street, 20th Fl	MONTGOMERY AL Montgomery, AL 36104		
PM D	RAYMOND R. WARREN Hayes, John	500 FIFTH AVE, SUITE 2330 201 Monroe Street, 20th Fl	NEW YORK NY Montgomery, AL 36104		
S	MCTEAR, PAUL	RSA TOWER SUITE 710, 201 MONROE	MONTGOMERY AL 36104		
8. Name and Address of Current Registered Agent			9. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		
			300002054253 -11/24/99-01053-014 ****750.00 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 <u>Dale W. Morris</u> DALE W. MORRIS Date <u>11/8/99</u> REGISTERED AGENT ASSISTANT VICE PRESIDENT					
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: <u>Rebecca Bryan</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			11/3/99 (334) 206-1400 Date Daytime Phone #		

CR22040 (8/99)