PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 APR 14 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P32969

1. Corporation Name

Rindt-McDuff Associates, Inc.

REINSTATEMENT

200014772622
04/11/03--01080--001 **141.25

2. Principal Office Address	**3.** Mailing Office Address
334 Cherokee Street	334 Cherokee Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marietta, GA	City & State: Marietta, GA
Zip: 30060 Country: USA	Zip: 30060 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 04/24/2000*

5. FEI Number: 58-1369257 ☐ 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: James Bordonaro

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

200014772622
03/26/03 01055 032 **195.75

Suite, Apt. #, Etc.:

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: James A. Bordonaro Date: 3/26/03
REGISTERED AGENT MUST SIGN Assistant Secretary

CR2E081 (9/01)

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
CEO	Brian A. Rindt	334 Cherokee Street	Marietta, GA 30060
CFO/VP	Fred C. Hawkins	334 Cherokee Street	Marietta, GA 30060
P	Sean A. Nicholl	334 Cherokee Street	Marietta, GA 30060
S	Linda C. Hutchins	334 Cherokee Street	Marietta, GA 30060
D	Tom Bills	334 Cherokee Street	Marietta, GA 30060
D	David Pass	334 Cherokee Street	Marietta, GA 30060

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: S. Nicholl 3/20/03 (727) 427-8123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

* Florida P.G. hired this date. Company incorporated in 1980.

JS 4/14