

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED

97 NOV 13 PM 1:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P36682**

1. Corporation Name

INTERVEST MANAGEMENT CORPORATION

Principal Place of Business

**5750 I 55 N FRONTAGE RD
 JACKSON MS 39211
 US**

Mailing Address

**POST OFFICE BOX 12791
 JACKSON MS 39236**



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

4. Date Incorporated or Qualified To Do Business in Florida

12/16/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

64-0739340

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	NAIL, J. S	5750 I-55 N. FRONTAGE ROAD	JACKSON MS 39211
DV	DUDLEY, RODNEY H.	5750 I-55 N. FRONTAGE RD	JACKSON MS 39211
S	SHOWS, KAREN S	5750 I-55 N FRONTAGE RD	JACKSON MS 39211
T	BISHOP, G. BURNS	5750 I-55 N FRONTAGE RD	JACKSON MS 39211

REINSTATEMENT

(Signature)

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**TERKEURST, DUDLEY
 3000 JOE FASHTON ROAD
 ST. AUGUSTINE FL 32082
 32092**

Name

Street Address (P.O. Box Number, if No Address) **1000000350311-2**

-11/18/97-01041-015

Suite, Apt. #, Etc.

******758.75 ****758.75**

City

State
FL

Zip Code

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

(Signature of Dudley Terkeurst)
 REGISTERED AGENT MUST SIGN

Date

11/11/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Signature of Rodney H. Dudley)
RODNEY H. DUDLEY
 V.P.

Date

10/28/97

Daytime Phone #

(601) 956-6000

CR2200 (8/97)