

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

APPROVED AND FILED

97 NOV 13 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36694

1. Corporation Name
INTERVEST CAPITAL CORPORATION

Principal Place of Business: 5750 I 55 N FRONTAGE RD, JACKSON MS 39211 US
Mailing Address: P.O. 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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/16/1991	
City & State		City & State		5. FEI Number	
Zip		Country		64-0693266	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input checked="" 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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CP	NAIL, J. STEPHEN	655 PEAR ORCHARD ROAD 5750 I-55 NORTH	RIDGELAND MS JACKSON, MS 39211
DV	DUDLEY, RODNEY H.	111 ROLLING MEADOWS	MADISON MS RIDGELAND, MS 39157

REINSTATEMENT *QD*
A. Alan
11/13/97

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TERKEURST, DUDLEY 3000 JOE ASHTON RD ST AUGUSTINE FL 32080 32092		Name Street Address (P.O. Box Number is Not Acceptable) 300002350309--8 11/16/97--01041--014 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: *P. D. Terkeurst*
Date: 11/13/97
REGISTERED AGENT MUST SIGN

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: *RODNEY H. DUDLEY*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/28/97
Daytime Phone #: (601) 956-6000

CRF040 (8/97)