PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
96 DEC 18 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38257**

1. Corporation Name
~~BOYKEN & ASSOCIATES, INC.~~ BOYKEN & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
115 PERIMETER CENTER PLACE. N.E..SUITE 650 ATLANTA GA 30346	115 PERIMETER CENTER PLACE. N.E..SUITE 650 ATLANTA GA 30346

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 12/18/96

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/09/1992

5. FEI Number: 58-1418831 ☐ Applied For ☐ Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PCD	BOYKEN, DONALD R.	~~305 SPINDLE COURT~~ 535 ~~[illegible]~~ AVIGNON COURT	~~DUNWOODY GA~~ DUNWOODY, GA 30350
VD	LEBAR, TIMOTHY B.	~~417 ASHBOURNE DR~~ 13108 Lake Butler Drive	~~ORLANDO FL~~ WINDERMERE, FL 34786
~~VD~~ VD	~~STUBBARD LARRY G~~ David Gregory.	~~7280 PEACHTREE DUNWOODY 4005~~ 208 Virginia RD	~~ATLANTA GA~~ DUNWOODY, GA 30338
SD	ORNDORFF, CAROL	1438 HAMPTON GLEN CT	DECATUR GA
TD	Jim Harrison	~~702 MORGANS LANDING~~ 6869-B Glenlake Pkwy	~~DUNWOODY, GA 30350~~ Atlanta, GA 30328

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State / Zip: FL

200002033902--2
-12/19/96--01060--009
****375.00 ****375.00

CR2E040 (7/96)

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: Barbara A Burke BARBARA A. BURKE Date: 12-11-96
REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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] Donald R. Boyken 12/3/96 770-913-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096646 AP