PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 13 AM 9:11
SEC'Y OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000045411

REINSTATEMENT 99-05

1. Corporation Name
HR America (Florida), Inc.

2. Principal Office Address	**3.** Mailing Office Address
200 South Tryon St.	(Same)
Suite, Apt. #, etc.: Suite 1500	Suite, Apt. #, etc.
City & State: Charlotte, NC	City & State
Zip: 28202 Country: Mecklenburg	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 6/28/1993

5. FEI Number: 59-3282533 ☐ 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: DEAN MEAD SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable): 800 N. MAGNOLIA AVENUE.

500054212145
05/10/05--01051--025 **165.00

Suite, Apt. #, Etc.: SUITE 1500

City: ORLANDO State: FL Zip Code: 32803

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.

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., Sole Member

Signature of Registered Agent By: Steven C. Lee, Vice President Date April 6, 2005

REGISTERED AGENT MUST SIGN Steven C. Lee, Vice President

CR2E081 (01/05)

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
Pres.+ Sec.	Heath Byrd	200 South Tryon ST	Charlotte, NC 28202
V.P.	P. Wynn Davis	200 South Tryon ST	Charlotte, NC 28202

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: P. WYNN DAVIS, VICE PRESIDENT 4/5/05 (704) 714-8347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #