APPROVED AND FILED

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05 OCT 31 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000080118

1. Corporation Name
TBNC of Florida Financial Management, Inc.

REINSTATEMENT 04-05

2. Principal Office Address	3. Mailing Office Address
17 North 20th Street	17 North 20th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Birmingham, Alabama	City & State: Birmingham, Alabama
Zip: 35203 Country: USA	Zip: 35203 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 9-16-1997

5. FEI Number: 59-3470920 ☐ 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: Shannon Maddox

Street Address (P.O. Box Number is Not Acceptable): 10955 NW State Road 20

Suite, Apt. #, Etc.:

City: Bristol State: FL Zip Code: 32321

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 10/25/05

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
D	Rick D. Gardner	17 North 20th Street	Birmingham, AL 35203
P/T/S/D	Tom Jung	17 North 20th Street	Birmingham, AL 35203
D	C. Marvin Scott	17 North 20th Street	Birmingham, AL 35203

10. I certify that I am an officer or director of the reorder 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: See Attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Entered OCT 31 2005

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H05000253859 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name
TBNC of Florida Financial Management, Inc.

2. Principal Office Address		3. Mailing Office Address	
17 North 20th Street		17 North 20th Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Birmingham, Alabama		Birmingham, Alabama	
Zip	Country	Zip	Country
35203	USA	35203	USA

CR8E081 (8/03)

4. Date Incorporated or Qualified To Do Business in Florida 9-16-1997

5. FEI Number 59-3470920 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ [redacted]

7. Name and Address of Current Registered Agent

Name
Shannon Maddox

Street Address (P.O. Box Numbers Are Not Acceptable)
10956 NW State Road 20

Suite, Apt. #, Etc.

City
Bristol

State
FL

Zip Code
32321

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent See Attached Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Rick D. Gardner	17 North 20th Street	Birmingham, AL 35203
P/T/S/D	Tom Jung	17 North 20th Street	Birmingham, AL 35203
D	C. Marvin Scott	17 North 20th Street	Birmingham, AL 35203

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 exception 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: C. Marvin Scott 10/27/05 205.327.3505

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

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

TBNC OF FLORIDA FINANCIAL MANAGEMENT, INC.

Certificate of Status	0
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