

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 AUG 26 AM 11:28

DOCUMENT # **p98 000055639**

1. Corporation Name

INNERHOST, INC.

2. Principal Office Address

303 PEACHTREE CTR AVE.

Suite, Apt. #, etc.

SUITE 500

City & State

ATLANTA, GA

Zip

30303

Country

USA

3. Mailing Office Address

303 PEACHTREE CTR AVE.

Suite, Apt. #, etc.

SUITE 500

City & State

ATLANTA, GA

Zip

30303

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

6/9/1998

5. FEI Number

65-0847592

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

NRAI Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee,

State
FL

Zip Code

32301

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.

NRAI Services, Inc.

Signature of
Registered Agent

Charles Coyle

Date 8-25-04

Charles Coyle

REGISTERED AGENT MUST SIGN Assistant Secretary

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	JOEL KOCHER	303 PEACHTREE CTR AVE.	ATLANTA, GA 30303
CFO	ALLEN SHULMAN	303 PEACHTREE CTR AVE.	ATLANTA, GA 30303
SEC	JONATHAN WILSON	303 PEACHTREE CTR AVE.	ATLANTA, GA 30303

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:

J. Wilson

JONATHAN WILSON

8/25/2004404-260-2477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #