PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
04 JUN -2 PM 2:07

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000061813

1. Corporation Name Trustmark South, Inc.

REINSTATEMENT 03-04

cr 4/13/04 01086 003 #900.00

2. Principal Office Address	3. Mailing Office Address
1544 2nd St. W	P.O. Box 2105
Suite, Apt. #, etc. Suite 109	Suite, Apt. #, etc.
City & State Gulf Shores, AL	City & State Gulf Shores, AL
Zip 36542 Country USA	Zip 36547 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 7/99

5. FEI Number 59-3586697 ☐ 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: John Trawick - Shell, Fleming, Davis + Menge
Street Address (P.O. Box Number is Not Acceptable): 226 South Palafox Place
Suite, Apt. #, Etc.: Ninth Floor, Seville Tower
City: Pensacola State: FL Zip Code: 32502

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.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E061 (01/04)

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
P	David Lance Clements	21059 Ayrshire Lane	Fairhope, AL 36532
VP	Nancy Lea Clements	"	"
M	Kevin McKenzie	1544 2nd St. W	Gulf Shores, AL 36542

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04/13/04--01086--003 **900.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: Nancy Clements NANCY CLEMENTS 4-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #