

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P990000094956

1. Corporation Name

Highland Acquisition Corporation of Florida, Inc.

2. Principal Office Address

3. Mailing Office Address

2 Metroplex Drive

2 Metroplex Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

Suite 220

City & State

City & State

Birmingham, AL

Birmingham, AL

Zip

Country

Zip

Country

35209

USA

35209

USA

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

October 13, 1999

5. FEI Number

☒ 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

CT Corporation System

600003487356--6

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

1200 South Pine Island Road

-12/05/00--01043--019

***750.00 ***750.00

Suite, Apt. #, Etc.

600003487356--6

-12/05/00--01043--020

City

Plantation

State

FL

33612-5227

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date **11/14/2000**

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/ Director	John L. Robinson, Jr.	2 Metroplex Drive, Suite 220	Birmingham, AL 35209
V.P./Secy Dir	W. Todd Carlisle	2 Metroplex Drive, Suite 220	Birmingham, AL 35209
V.P./Tr Dir	Keith D. Duke	2 Metroplex Drive, Suite 220	Birmingham, AL 35209
V.P./Asst Secy/Dir	J. Forrest Collier	2 Metroplex Drive, Suite 220	Birmingham, AL 35209

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:

W. Todd Carlisle

November 13, 2000 205-263-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Todd Carlisle, Vice President and Secretary

Date

Daytime Phone #