

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1998 DEC -2 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S07203

1. Corporation Name

MSAM, INC.

Principal Place of Business

950 22ND STREET NORTH
SUITE 850
BIRMINGHAM AL 35203

Mailing Address

950 22ND STREET NORTH
SUITE 850
BIRMINGHAM AL 35203

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
SUITE 850
City & State

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
SUITE 850
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

10/16/1990

5. FEI Number

63-1032708

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	JOHNSON, TERRY W.	950 22ND ST. N., #800	BIRMINGHAM AL 35203
D	HARMS, DARYL E.	950 22ND ST. N., #800	BIRMINGHAM AL 35203
			900002705449-4 -12/08/98-01006-012 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

OK

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Dale H. Morris

DALE W. MORRIS
ASSISTANT SECRETARY

Date

CT Corporation System REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.23.98

Date

205-320-1888

Daytime Phone #