

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PA70000011613		93 FEB 26 AM 10:40 FLORIDA DEPARTMENT OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name Stellar Management Group, Inc.			
Principal Place of Business 407 East 5th Street Chattanooga, Tennessee 37403	Mailing Address Same		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 03/31/97	
City & State	City & State	5. FEI Number 62-1524338	
Zip	Country	Applied For Not Applicable	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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)		400002792314-9 -03/02/99-01065-005 *****900.00 State *****900.00	
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	4
President	Robert C. Bullard	407 East 5th Street	Chattanooga, Tennessee 37403
Treasurer			
Director			
Vice President		407 East 5th Street	Chattanooga, Tennessee 37403
Secretary	Dawn K. Bullard		
Assistant/		1000 Tallan Building	
Secretary	Glenn C. Stophel	One Union Square	Chattanooga, TN 37402-2500
			400002792314-9 -03/02/99-01065-004 *****8.75 *****8.75
8. Name and Address of Current Registered Agent The Prentice-Hall Corporation System, Inc. 1201 Hays Street Tallahassee, Florida 32301		9. Name and Address of New Registered Agent Name National Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue Suite, Apt. #, Etc. City Tallahassee State FL Zip Code 32301	
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 <i>Glenn C. Stophel</i> REGISTERED AGENT MUST SIGN		Date 2/25/99	
11. This corporation owes the current year Intangible Personal Property Tax due June 30.		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (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: <i>Glenn C. Stophel</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Glenn C. Stophel, Assistant Secretary 423 756-3000 Date 02/24/99 Daytime Phone #	