

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2009 JUN -2 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03168

1. Corporation Name

Gary C. Wyatt, Inc.

2. Principal Office Address - No P.O. Box #

4527 Southlake Parkway  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 360126  
Suite, Apt. #, etc.

City & State

Birmingham, AL

Zip Country

35244 USA

City & State

Birmingham, AL

Zip Country

35236 USA

**REINSTATEMENT**  
CR2E081 (12/08) 06-09

4. Date Incorporated or Qualified To Do Business in Florida

8/27/84

5. FEI Number

63-0708914

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

Corporation Service Company

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

1201 Nays Street

Suite, Apt. #, Etc.

City Tallahassee

State FL

Zip Code 32301

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*[Signature]*

Janet Budhu, Asst. Vice President

Date 5/29/09

REGISTERED AGENT MUST SIGN

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
Mr	Gary C. Wyatt	4527 Southlake Parkway	Birmingham, AL 35244
Mrs	Nancy Ingram	4527 Southlake Parkway	Birmingham, AL 35244
			800156671909
			06/02/09--01010--006 **1200.00

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 contained in Chapter 119, 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 Ingram*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/09

Date

205 985-0121

Daytime Phone #