2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 10 AM 8:00

REINSTATEMENT 04

DOCUMENT # F01000003019

1. Entity Name
JCGG ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1818 WEST TENNESSEE STREET TALLAHASSEE, FL 32304	P.O. BOX 450 COMER, GA 30629

10272004 REIN-P CR2E098 (6/04) MRB

2. Principal Place of Business		3. Mailing Address	
		781 Brickyard Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Comer, GA	
Zip	Country	Zip: 30629	Country: USA

4. FEI Number: 63-1071056 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable):
City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] RACHEL T. HAYES ASSISTANT SECRETARY 11/8/2004
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD GUTHRIE, JOHN C 6608 FM 1886 AZLE, TX 76020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042539608 11/10/04--01030--015 **758.75	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT GUTHRIE, TARA 6608 FM 1886 AZLE, TX 76020	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Tara Guthrie 10/27/04 706-783-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #