

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F10000000212

**Entity Name:** B & G MOBILE ATTIC, INC.

**FILED**  
**Oct 05, 2013**  
**Secretary of State**

**Current Principal Place of Business:**

5150 W HWY 31  
ATMORE, AL 36502

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 96  
ATMORE, AL 36504

**New Mailing Address:**

**FEI Number:** 63-1246542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FOLKERS, THOMAS G  
2 FAIRPOINT PL  
GULF BREEZE, FL 32561 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:** THOMAS G. FOLKERS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BAXLEY, JOHN L  
**Address:** PO BOX 828  
**City-St-Zip:** JAY, FL 32565

**Title:** V  
**Name:** GRISSETT, WILLIAM  
**Address:** PO BOX 201  
**City-St-Zip:** ATMORE, AL 36504

**Title:** ST  
**Name:** FOLKERS, THOMAS G  
**Address:** 2 FAIRPOINT PL  
**City-St-Zip:** GULF BREEZE, FL 32561

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** THOMAS G. FOLKERS

ST

10/05/2013

Electronic Signature of Signing Officer or Director

Date