2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

REINSTATEMENT 04

10272004 REIN-P CR2E098 (8/04) MRS

DOCUMENT # F98000003394

1. Entity Name
CHICKEN MAGIC, INC.

Principal Place of Business
1450 TIMBERLANE ROAD
TALLAHASSEE, FL 32304

Mailing Address
P O BOX 450
COMER, GA 30629

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
781 Brickyard Rd
Suite, Apt. #, etc.
City & State Comer, GA
Zip 30629
Country USA

4. FEI Number 63-1187929
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
HERZOG, JIM
1818 W. TENNESSEE ST.
TALLAHASSEE, FL 32304

7. Name and Address of New Registered Agent
Name CT Corporation System
Street Address (P.O. Box Number Is Not Acceptable) 1200 South Pine Island Road
City Plantation, FL FL Zip Code 33324

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: RACHEL T. HAYES ASSISTANT SECRETARY DATE 11/8/04

(Signature, signed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature and date required.)

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	PCD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUTHRIE, CHRIS	NAME	000042640160
STREET ADDRESS	6608 FM 1886	STREET ADDRESS	11/10/04--01030--016 **758.75
CITY-ST-ZIP	AZLE, TX	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUTHRIE, TARA	NAME	
STREET ADDRESS	6608 FM 1886	STREET ADDRESS	
CITY-ST-ZIP	AZLE, TX	CITY-ST-ZIP	
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUTHRIE, TARA	NAME	
STREET ADDRESS	6608 FM 1886	STREET ADDRESS	
CITY-ST-ZIP	AZLE, TX	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Tara Guthrie 10/27/04 706-783-5613

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #