2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 NOV 10 AM 8:00

REINSTATEMENT 04

DOCUMENT # F98000003394

1. Entity Name
CHICKEN MAGIC, INC.

Principal Place of Business	Mailing Address
1450 TIMBERLANE ROAD TALLAHASSEE, FL 32304	P O BOX 450 COMER, GA 30629

10272004 REIN-P CR2E098 (8/04) MRS

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	781 Brickyard Rd Suite, Apt. #, etc.
City & State	City & State: Comer, GA
Zip / Country	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	7. Name and Address of New Registered Agent
HERZOG, JIM 1818 W. TENNESSEE ST. TALLAHASSEE, FL 32304	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 RACHEL T. HAYES ASSISTANT SECRETARY 11/8/04
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required.) 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	PCD GUTHRIE, CHRIS 6608 FM 1886 AZLE, TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 000042640160 11/10/04--01030--016 **758.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GUTHRIE, TARA 6608 FM 1886 AZLE, TX	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST GUTHRIE, TARA 6608 FM 1886 AZLE, TX	☐ 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: Tara Guthrie 10/27/04 706-783-5613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #