
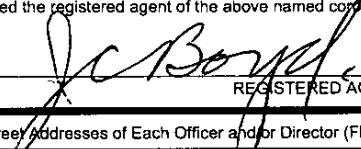
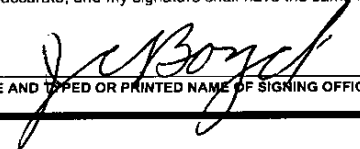


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	05 DEC 19 AM 10:30 SEAL OF THE STATE TALLAHASSEE, FLORIDA REINSTATEMENT 04-05 CR2E081 (8/05)	
DOCUMENT # G95510				
1. Corporation Name MAGNOLIA-BOYD, INC.				
2. Principal Office Address 2280 North 9th Avenue Suite, Apt. #, etc.		3. Mailing Office Address 2280 North 9th Avenue Suite, Apt. #, etc.		
City & State Pensacola, FL		City & State Pensacola, FL		
Zip 32503	Country USA	Zip 32503	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 04/10/1984
			5. FEI Number 59-2541435	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
			6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$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 Hays Street				
Suite, Apt. #, Etc.				
City Tallahassee			State FL	Zip Code 32301
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 		Date 12-12-05		
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	
P/D	JAMES C. BOYD	2280 North 9th Avenue	Pensacola, FL 32503	
V/D	RALPH M. BOYD	2280 North 9th Avenue	Pensacola, FL 32503	
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 under section 119.07(3)(i), 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: 		12/13/05 850-433-3234		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>		