

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 17 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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, Florida

City & State

Pensacola, Florida

Zip

32503

Country

USA

Zip

32503

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/10/1984

5. FEI Number

592541435

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

400012238214
02/11/03--01011--006 **908.75

02-03

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

Jeanine Reynolds

Jeanine Reynolds
as its agent

Date

1-17-03

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, Florida 32503
VP/D	RALPH M. BOYD	2280 North 9th Avenue	Penacola, Florida 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:

Ralph M. Boyd

RALPH M. BOYD VP/D

1/16/2003

850-433-3234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)