


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| <div style="display: inline-block; text-align: center;"><p>CORPORATION REINSTATEMENT</p></div> <div style="display: inline-block; text-align: center; vertical-align: top;"><p>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</p></div> | | <p>FILED 06 FEB 16 AM 11:27 SEC. OF STATE FILED</p> <p>500066396655 02/22/06--01055--003 **1058.75 CR2E081 (12/05)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|-----------------------------------|---|----------------------------|--------------------------|-----------------------------------|--|---|----|-------------------|---------------------|----------------------------|--|--------------------------|-------------|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>DOCUMENT # P01000006930</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>1. Corporation Name Majors Financial Group, Inc.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>2. Principal Office Address 1299 W. Nelson Ave Suite, Apt. #, etc. Suite 4 City & State DeFuniak Springs, FL Zip 32433 Country USA Florida USA</p> | | <p>3. Mailing Office Address 1299 US Hwy 90 W Suite, Apt. #, etc. Suite 4 City & State DeFuniak Springs, FL Zip 32433 Country USA</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | <p>4. Date Incorporated or Qualified To Do Business in Florida 1/16/2001</p> <p>5. FEI Number 593689925 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p>6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>7. Name and Address of Current Registered Agent</p> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="3">Name Charles G Majors</td></tr><tr><td colspan="3">Street Address (P.O. Box Number is Not Acceptable) 254 Clay ST</td></tr><tr><td colspan="3">Suite, Apt. #, Etc.</td></tr><tr><td>City DeFuniak Springs</td><td>State FL</td><td>Zip Code 32435</td></tr></table> | | | | Name Charles G Majors | | | Street Address (P.O. Box Number is Not Acceptable) 254 Clay ST | | | Suite, Apt. #, Etc. | | | City DeFuniak Springs | State FL | Zip Code 32435 | | | | | | | | | | | | | | | | |
| Name Charles G Majors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address (P.O. Box Number is Not Acceptable) 254 Clay ST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Suite, Apt. #, Etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City DeFuniak Springs | State FL | Zip Code 32435 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>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.</p> <p>Signature of Registered Agent <u>Charles G Majors</u> Date <u>2/14/2006</u> REGISTERED AGENT MUST SIGN</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</p> <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Titles</th><th>Name of Officers and/or Directors</th><th>Street Address of Each Officer and/or Director</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>D.</td><td>Charles G. Majors</td><td>254 Clay ST.</td><td>DeFuniak Springs, FL 32435</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> <p style="text-align: center; font-size: 2em; opacity: 0.5;">B 2/20/06</p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">REINSTATEMENT 04-06</p> | | | | Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | D. | Charles G. Majors | 254 Clay ST. | DeFuniak Springs, FL 32435 | | | | | | | | | | | | | | | | | | | | |
| Titles | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. | Charles G. Majors | 254 Clay ST. | DeFuniak Springs, FL 32435 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| <p>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 contained in Chapter 119, 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.</p> <p>SIGNATURE: <u>Charles G. Majors</u> <u>Charles G. MAJORS</u> <u>President</u> <u>Director</u> <u>2/14/2006</u> <u>850 842 9922</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |