

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUL 19 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000023639

1. Corporation Name

CBG Florida REIT Corp.

2. Principal Office Address

201 E. Pine St.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32801

Country

U.S.A.

3. Mailing Office Address

One Commerce St.

Suite, Apt. #, etc.

Suite 303

City & State

Montgomery, AL

Zip

36104

Country

U.S.A.

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

3/04/02

5. FEI Number

01-0636766

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.

Suite, Apt. #, Etc.

City

Plantation, FL

State
FL

Zip Code

33324

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
 Kelly Lane Vice President
REGISTERED AGENT MUST SIGN

Date 7-14-04

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
Dir. Pres.	Arthur Barksdale	201 East Pine Street	Orlando, FL 32801
Dir.	Harlan Parrish	27200 Riverview Center	Bonita Springs, FL 34134
Dir.	Michael Sleaford	201 East Pine Street	Orlando, FL 32801
V.P.	David Reimer	One Commerce Street	Montgomery, AL 36104
Sec.	Nan Johnson	One Commerce Street	Montgomery, AL 36104
Treas.	Sheila Moody	One Commerce Street	Montgomery, AL 36104

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)(l), 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:

 Paul W. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/04

334-240-5126

Date

Daytime Phone #

CR20081 (07/04)