Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
CBG FLORIDA REIT CORP.

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11 JUL 12 PM 3:13

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000023639

1. Corporation Name
CBG Florida REIT Corp.

REINSTATEMENT 10-11

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
201 East Pine Street	C/O Lisa I. Moberly
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	200 West Second Street
City & State	City & State
Orlando FL	Winston-Salem
Zip / Country	Zip / Country
32801 USA	NC

4. Date Incorporated or Qualified To Do Business in Florida 03/04/2002

5. FEI Number 01-0636766 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 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 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | 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 _____ Date 7/8/11
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
	(See Attachment)		

10. E-mail Address: LMoberly@bbandt.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Leanne McGrory Leanne McGrory/Sec 7/8/2011 336-733-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FL016 - 01/19/2011 C T System Online

7/12/11

Entity Name: CBG Florida REIT Corp.

Name	Title	Title Role
Hicks, Brent	Director	Director
Jacobs, Francis B. II	Director	Director
Johnson, Hal S.	Director	Director
McKenzie, Gypsy	Director	Director
Porter, John F. III	Director	Director
Watson, John F.	Director	Director
Hicks, Brent	Treasurer	Officer
Jacobs, Francis B. II	Assistant Secretary	Officer
McGrory, Leanne	Secretary	Officer
Stewart, Gordon W.	Assistant Secretary	Officer
Watson, John F.	President	Officer

Principal Address: 201 East Pine Street, Orlando, FL 32801