2012 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000022640

1. Entity Name
G CORP.

Principal Place of Business	Mailing Address
161 PARKSIDE CIR. PORT ST. JOE, FL 32456	P.O. #621 PORT ST. JOE, FL 32456

03272012   REIN-P   CR2E098 (12/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number 20-0682809	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GOLDBERG, STUART E ESQ. 2039 CENTRE POINTE BLVD. SUITE 201 TALLAHASSEE, FL 32308	Name _Keith Grimes_ Street Address (P.O. Box Number is Not Acceptable) _88 Oak St._ City _Mexico Beach_ FL Zip Code _32410_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _/Keith Grimes/_   _3-27-2012_
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PST NAME GRIMES, FRED K STREET ADDRESS 161 PARKSIDE CIR. CITY-ST-ZIP PORT ST. JOE, FL 32456	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

REINSTATEMENT
1-1-12

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03/27/12--01019--010 **900.00

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _/Keith/_   _3-27-12_   _tarponcaptain@gmail.com_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   E-MAIL ADDRESS

Williams MAR 27 2012