PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM 12 OCT 31 AM 8: 03 FLORIDA DEPARTMENT OF STATE CORPORATION Secretary of State REINSTATEMENT ALLAHASSEE, FLORIDA DIVISION OF CORPORATIONS **DOCUMENT # P97000014538** 1. Corporation Name J.R.R. Management Company REINSTATEMENT 2. Principal Office Address - No P.O. Box # 3. Malling Office Address 181 Walden Rd 181 Walden Rd. CR2E081 (11/10) Suite, Apt. #, etc. Sulte, Apt. #, etc. Date Incorporated or Qualified To Do Business in Florida City & State City & State 5. FEI Number Applied For Sandersville, GA Sandersville, GA Not Applicable Country Country 6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status USA 31082 USA 31082 7. Name and Address of Current Registered Agent Name Jean R. Dickey Street Address (P.O. Box Number is Not Acceptable) 600241383016 1815 W. 15th Street Suite, Apt. #. Etc. Suite 10 Zip Code State Panama City 32401 8. 1, 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. Date October 31, 2012 Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director Name of Officers and/or Directors City / State / Zip D, CFO Jean R. Dickey 181 Walden Rd. Sandersville, GA 31082 John W. Dickey 181 Walden Rd. Sandersville, GA 31082 D, CEO, SEC OCT 3 1 2012 S. PRATHER 10. E-mail Address: jdickeyssi@yahoo.com (To be used for future annual report notification) 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 filling 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

John W. Dickey - CEO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

e that false information aubmitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

October 31, 2012 478-232-0702

Daytime Phone #

if made under oath. I am

SIGNATURE: ≺/\

FLORIDA FILING & SEARCH SERVICES, INC. P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

10/31/12

NAME:

J.R.R. MANAGEMENT COMPANY

TYPE OF FILING: REINSTATEMENT

COST:

900.00

RETURN:

¥

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE