

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT -8 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P-97000081815*

1. Corporation Name

G&L Holding Group, Inc.

900 North 12th Avenue *40 South Palafox Street*
900 North 12th Avenue

2. Principal Office Address *40 South*
900 North 12th Avenue Palafox St.

3. Mailing Office Address *40 South*
900 North 12th Avenue Palafox St.

Suite, Apt. #, etc.

5th Floor

Suite, Apt. #, etc.

5th Floor

City & State

Pensacola, FL

City & State

Pensacola, FL

Zip

32501

Country

U.S.A.

Zip

32501

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 9/19/1997

5. FEI Number
59-3472742

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
Nathan Botts

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

900 North 12th Avenue 40 South Palafox Street

Suite, Apt. #, Etc.

5th Floor

City

Pensacola

State
FL

Zip Code
32501

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

Nathan Botts

REGISTERED AGENT MUST SIGN

Date *10-6-2004*

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
D	Curt Bradbury	111 Center Street	Little Rock, AR 72201
D	John Stein	507 Carew Tower, 441 Vine Street	Cincinnati, OH 45202
D	Gary Little	2525 Peachtree Rd NE #21	Atlanta, GA 30305

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)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)