2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P97000081875

City-St-Zip:

ATLANTA, GA 30305

FILED Oct 31, 2007 Secretary of State

Entity Name: G&L HOLDING GROUP, INC.					
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5TH FLOOR	PALAFOX ST R LA, FL 32501	US	900 N 12TH AVENUE PENSACOLA, FL 32501	US	
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
5TH FLOOR	PALAFOX ST R LA, FL 32501	US	900 N 12TH AVENUE PENSACOLA, FL 32501	US	
FEI Number:	59-3472742	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of N	Name and Address of New Registered Agent:	
BOTTS, NATHAN 40 SOUTH PALAFOX ST 5TH FLOOR PENSACOLA, FL 32501 US			BOTTS, NATHAN O CPA 900 N 12TH AVENUE PENSACOLA, FL 32501	US	
The above in the State		bmits this statement for the pu	rpose of changing its registered of	ffice or registered agent, or both,	
SIGNATURE: NATHAN O. BOTTS				10/31/2007	
Electronic Signature of Registered Agent			t	Date	
		2)(b), F.S., the corporation did not rust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () D BRADBURY, CUR 111 CENTER STF LITTLE ROCK, AF	REET	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	D () D STEIN, JOHN 507 CAREW TOV CINCINNATI, OH	VER, 441 VINE STREET	Title: () Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address:	D () D LITTLE, GARY 2525 PEACHTRE		Title: () Name: Address:	Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: NATHAN O. BOTTS **CPA** 10/31/2007