PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
01 JUL 31 PM 12:54

DOCUMENT # P99000107962

1. Corporation Name

The McCrory Group Inc

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****908.75 ****908.75

REINSTATEMENT 0001

2. Principal Office Address	3. Mailing Office Address
8240 McCarty Ln	700 Hwy 97 South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pensacola, Fl 32534	City & State: Cantonment, Fl
Zip: 32534 Country: USA	Zip: 32533 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-14-99 SP

5. FEI Number: 63-1133372 ☐ 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: John T. McCrory
Street Address (P.O. Box Number is Not Acceptable): 8240 McCarty Ln
Suite, Apt. #, Etc.:
City: Pensacola State: FL Zip Code: 32534

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: John T. McCrory REGISTERED AGENT MUST SIGN Date: 7-27-01

CR2E061 (9/00)

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
Pres	William Donald McCrory, Sr	700 Hwy 97 South	Cantonment, Fl 32533
Vice Pres	Donna B. McCrory	700 Hwy 97 South	Cantonment, Fl 32533

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: Donna B McCrory (DONNA B. McCRORY) 7-27-01 850 477-2124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #