

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 8:31

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **790997**

1. Corporation Name

**ALTHA FARMERS COOPERATIVE, INC.**

Principal Place of Business

HWY 71 NORTH  
 ALTHA FL 32421-9504  
 US

Mailing Address

PO BOX 98  
 ALTHA FL 32421  
 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 02

4. Date Incorporated or Qualified To Do Business in Florida

03/16/1970

5. FEI Number

59-1306090

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PRICE, DAVID	RT. 1 BOX 77	BLOUNTSTOWN FL 32424
ST	<del>PEACOCK, WILLIAM</del> WATFORD, JERRY E.	<del>RT. 1 BOX 208</del> RT. 1 BOX 231	ALTHA FL 32421
P/D	WARD, GARY	RT 2 BOX 730	BLOUNTSTOWN FL 32424
D	MELTON, DON	RT 2 BOX 101	ALTHA FL 32421
D	PEACOCK, MARK	RT 2 BOX 31-A	ALTHA FL 32421
VP/D	STONE, JOHN W	RT 1 BOX 231	ALTHA FL 32421

8. Name and Address of Current Registered Agent

WATFORD, JERRY E  
 RT 1 BOX 231  
 ALTHA FL 32424

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 200008885682  
 Suite, Apt. #, Etc. 11/08/02--01027--005 \*\*236.25  
 City State Zip Code  
 FL

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

*[Signature]* SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/01/02

11. 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]* SIGNATURE REQUIRED  
 JERRY WATFORD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/01/02

Date

850-762-2567

Daytime Phone #