

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 19 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000016321

1. Corporation Name

Cotton & Peanuts, Inc.

400104569884
06/19/07 - 01057 - 003 ++1673.75

2. Principal Office Address - No P.O. Box #

620 McKenzie Ave
Suite, Apt. #, etc.

3. Mailing Office Address

24 West Orange Ave
Suite, Apt. #, etc.

City & State

Panama City, Fl.

City & State

DeFuniak Springs, Fl.

Zip

32401

Country

FLA

Zip

32435

Country

Walton

REINSTATEMENT 1999-07

4. Date Incorporated or Qualified To Do Business in Florida

2/21/96

5. FEI Number

196482103

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

Bill R. Hutto

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

620 McKenzie Ave.

Suite, Apt. #, Etc.

City

Panama City, Fl.

State

FL

Zip Code

32401

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Bill R. Hutto
REGISTERED AGENT MUST SIGN

Date 6/14/07

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. | <u>T.S. Smith</u> | <u>24 West Orange Ave</u> | <u>DeFuniak Springs Fl. 32435</u> |
| V. Pres | <u>T.S. Smith</u> | <u>24 West Orange Ave</u> | <u>DeFuniak Springs Fl. 32435</u> |
| Sec. & Treas. | <u>T.S. Smith</u> | <u>24 West Orange Ave</u> | <u>DeFuniak Springs Fl. 32435</u> |
| | | | |
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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 contained in Chapter 119, 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:

T.S. Smith, Pres. T.S. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/14/07

Daytime Phone #

850-9562073

206/71