PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

309523

PITTS POULTRY FARMS INC

Principal Place of Business Mailing Address						-			
720 € MINE MILE RD PENSACOLA FL 32514-1447 US			-720-E-NINE-NILE-RD -PENBAGOLA FL-828143747. US						
		ncorrect in any way, line thro	,						
				Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 09/29/1966			
Suite, Apt. #, etc. Suite,				ite, Api. #, etc. P. O. Box 1058		5. FEI Number Applied For			
City & State			City & State GONZALEZ FL.				59-1156424	Not Applicable	
Zip Country			2ip Country 32560 U.S.A.			6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Add	resses of Each Officer and/o	or Director (Flo	,					
Titie(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip		
P	GREGORY C. PITTS			570 W. Roberts ROAD			PENEROCEATE CANTONMENT F.	/ 25532	
VP/T	JANET . H. Pitts			570 W. Roberts ROAD			**************************************	(32537	
8	Julie L. Smith			7651 High Tide DR.			milton Fl 32570		
42	CANCELLE THE TATE			THE DOLD			48HOAGGLAUFL		
4				REINS	TATEN	AENT_	97	17-97	
8. Name and Address of Current Registered Agent					9. Name and Address of New Registered Agent				
GREGORY C. PITTS						600002375646 7			
720 E NINE MILE RD					Street Address (P.O. Box Number is Not Acceptable 1.01.07 - 0.03				
PENSACOLA FL 32514					Suite, Apt. #, Etc.				
					City State Zip Code FL				
Signature of Registered	of Agent	· · · · · · · · · · · · · · · · · · ·	GISTERED AG	ENT MUST SIGN		bligations of Sect	ion 607.0505, F.S. Date	97	
		ation owes or ha Personal Property			ar Yes 🏻	No 🗌		e for Information gible tax.)	
this rein	nstatement appli y the corporation	cation, the reason for dissol	ution has been ames of individ	eliminated, the corpo uals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	apter 607 or 617, F.S. I further s of section 607.0401 or 617.04 der section 119.07(3)(i), F.S. T	01, F.S., that all fees	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY C. PITTS

FILED

97 050 15 331 9:45

STATE STATE TALLA VELLE FLORIDA