

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
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CORPORATION REINSTATEMENT

ALABAMA FARMERS COOPERATIVE, INC.

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **790978**

1. Corporation Name

ALABAMA FARMERS COOPERATIVE, INC.

REINSTATEMENT

CR2E081 (12/08)

05-09

2. Principal Office Address - No P.O. Box # 121 Somerville Rd. N.E.		3. Mailing Office Address P.O. Box 2227	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State DECATUR, ALABAMA		City & State DECATUR, ALABAMA	
Zip 35601	Country	Zip 35609-2227	Country

4. Date Incorporated or Qualified To Do Business in Florida 10/31/1936	
5. FEI Number 63-0207695	☐ Applied For ☐ Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ \$875 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.			
State, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

☐ 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 [Signature]	Date 5/20/2009
Name Terence Hardley Asst. Secretary	
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SEE ATTACHED LIST OF OFFICERS & DIRECTORS			

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: [Signature]	ALFRED CHEATHAM, JR.	5/19/2009	266-308-1735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone

Officers & Directors

- | | | |
|---|-------------------|---------------|
| 1 | Full Name: | Kenneth Walls |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | P.O. Box 2227 |
| | City: | Decatur |
| | State: | AL |
| | ZIP Code: | 35609 |
| 2 | Full Name: | Sam Givhan |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | P.O. Box 2227 |
| | City: | Decatur |
| | State: | AL |
| | ZIP Code: | 35609 |
| 3 | Full Name: | Jimmy Nowby |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | P.O. Box 2227 |
| | City: | Decatur |
| | State: | AL |
| | ZIP Code: | 35609 |
| 4 | Full Name: | Mike Tate |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | P.O. Box 2227 |
| | City: | Decatur |
| | State: | AL |
| | ZIP Code: | 35609 |
| 5 | Full Name: | David Womack |
| | Officer/Director: | Director |
| | Officer's Title: | |
| | Business Address: | P.O. Box 2227 |
| | City: | Decatur |

	State:	AL
	ZIP Code:	35609
6	Full Name:	H.L. King
	Officer/Director:	Director
	Officer's Title:	
	Business Address:	P.O. Box 2227
	City:	Decatur
	State:	AL
	ZIP Code:	35609
7	Full Name:	Gene Pickens
	Officer/Director:	Director
	Officer's Title:	
	Business Address:	P.O. Box 2227
	City:	Decatur
	State:	AL
	ZIP Code:	35609
8	Full Name:	Alfred Cheatham, Jr.
	Officer/Director:	Officer
	Officer's Title:	Corporate Controller
	Business Address:	121 Somerville Rd. N.E.
	City:	Decatur
	State:	AL
	ZIP Code:	35601