

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

11 MAR - 8 PM 4:01

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 801039  
1. Corporation Name Alaga Whitford Foods, Inc

W11 - 4364

700192365807  
03/08/11--01035--004 \*\*158.75  
700192365807  
01/25/11--01002--004 \*\*4200.00  
CR2E081 (6/10)

2. Principal Office Address - No P.O. Box # 1101 North Court St.  
Suite, Apt. #, etc.

3. Mailing Office Address P.O. Box 791  
Suite, Apt. #, etc.

City & State Montgomery Ala  
Zip 36104 Country Montgomery

City & State Montgomery Ala  
Zip 36101 Country Montgomery

4. Date Incorporated or Qualified To Do Business in Florida 3/11/1918

5. FEI Number 03-0002970 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 CSC Corporation

Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street

Suite, Apt. #, Etc.

City Tallahassee State FL Zip Code 32301

**REINSTATEMENT 87-11**

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 Jacqueline N. Casper **Jacqueline N. Casper, Assistant VP** Date 1/19/11

REGISTERED AGENT MUST SIGN

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>Marion Grant Lee Massey</u>	<u>1101 North Court</u>	<u>Montgomery, AL</u>
director	<u>Rolling Clarke</u>	<u>1101 North Court</u>	<u>Montgomery, AL</u>
director	<u>Ken Lowe</u>	<u>1101 North Court</u>	<u>Montgomery, AL</u>
<b>REINSTATEMENT</b>			<b>S. HAWKES</b>
<u>1987 - 2011</u>			<u>MAR 08 2011</u>
			<b>EXAMINER</b>

10. E-mail Address: mpage@whitfordfoods.com  
(To be used for future annual report notification)

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 807.0401 or 817.0401, F.S., that all fees owed by the corporation have been paid. I further certify, 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: mpage 1/19/11 3342632541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #