

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 # 833282

1. Corporation Name

Cagle's, Inc.

Principal Place of Business

Mailing Address

2000 Hills Avenue, N.W.
Atlanta, Georgia 30318

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

Title(s)
1

Name of Officers
and/or Directors
2

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)
3

City / State / Zip
4

See attached list of officers

REINSTATEMENT 98-99

4. Date Incorporated or Qualified
To Do Business in Florida

October 31, 1974

5. FEI Number

58-0625713

Applied For

Not Applicable

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CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Kenneth R. Barkley
2000 Hills Ave., N.W.
Atlanta, Georgia 30318

9. Name and Address of New Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

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.

Signature of
Registered Agent

Mary R. Adams
REGISTERED AGENT MUST SIGN
Mary R. Adams, Asst. Secy.

Date

1-26-99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George L. Pitts, Secretary

Date

1/25/99

404-355-2820

Daytime Phone #

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ATTACHMENT TO APPLICATION FOR REINSTATEMENT

FOR

CAGLE'S, INC.

7. Names and Street Addresses of Each Officer and/or Director

<u>1. Title(s)</u>	<u>2. Name of Officers and/or Directors</u>	<u>3. Street Address of Each Officer and/or Director</u>	<u>4. City/State/Zip</u>
C	J. Douglas Cagle	2000 Hills Avenue, N.W.	Atlanta, GA 30318
P	Jerry D. Gattis	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V/T	Kenneth R. Barkley	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V	John J. Bruno	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V	Mark M. Ham IV	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V	George Douglas Cagle	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V	James David Cagle	2000 Hills Avenue, N.W.	Atlanta, GA 30318
S	George L. Pitts	2000 Hills Avenue, N.W.	Atlanta, GA 30318