PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

00 OCT -9 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400003455074--5
-11/07/00--01066--009
******8.75 ******8.75

400003455074--5
-11/07/00--01066--008
****750.00 ****750.00

DOCUMENT # 833282

1. Corporation Name

Cagle's, Inc.

2. Principal Office Address		3. Mailing Office Address	
2000 Hills Avenue, NW		2000 Hills Avenue, NW	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Atlanta, Georgia		City & State: Atlanta, Georgia	
Zip: 30318	Country: USA	Zip: 30318	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/31/74

5. FEI Number: 580625713 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☒ $30.00 Additional Fee is 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 Road

Suite, Apt. #, Etc.:

REINSTATEMENT 2000

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY — Date: 10/9/2000

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
C	J. Douglas Cagle	2000 Hills Avenue, NW	Atlanta, Georgia 30318
P	Jerry D. Gattis	2000 Hills Avenue, NW	Atlanta, Georgia 30318
VT	Kenneth R. Barkley	2000 Hills Avenue, NW	Atlanta, Georgia 30318
V	John J. Bruno	2000 Hills Avenue, NW	Atlanta, Georgia 30318
V	Mark M. Ham IV	2000 Hills Avenue, NW	Atlanta, Georgia 30318
S	George Pitts	2000 Hills Avenue NW	Atlanta, Georgia 30318

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 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: Kenneth R Barkley Kenneth R Barkley Sr VP/Treas/CFO — 10/6/00 — 404-355-2220

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