PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 APR 21 AM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 847683

1. Corporation Name

Diamond Crystal Brands, Inc.

300076066733
06/12/06--01008--015 **1200.00

REINSTATEMENT 03-06

2. Principal Office Address	3. Mailing Office Address
3000 Tremont Road	1 Hormel Place
Suite, Apt. #, etc.	Suite, Apt. #, etc. Tax Dept
City & State Savannah GA	City & State Austin MN
Zip 31405 Country DeKalb	Zip 55912 Country Mower

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-2042699 ☐ 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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S Pine Island Road

Suite, Apt. #, Etc.:

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 617.0503, F.S.

Signature of Registered Agent: Michele Miller Assistant Secretary Date: 4/12/06

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/D	Robert A Tegt	1 Hormel Place	Austin, MN 55912
P/D	Walter Lehneis	3000 Tremont Road	Savannah, GA 31405
T/D	Gary L Jamison	1 Hormel Place	Austin, MN 55912
S/D	Lori J Marco	1 Hormel Place	Austin, MN 55912
V/D	James N. Sheehan	1 Hormel Place	Austin, MN 55912

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: G. L. Jamison, Treasurer 4/12/06 507-437-5737

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

K. Eckel MAY 5 2006