

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV 18 AM 9:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000005568

1. Corporation Name

BIRMINGHAM HIDE & TALLOW COMPANY, INC.

REINSTATEMENT 01-04

2. Principal Office Address

Suite, Apt. #, etc.

P O BOX 1596

City & State

BIRMINGHAM, AL

Zip

35201.1596

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

P O BOX 1596

City & State

BIRMINGHAM, AL

Zip

35201-1596

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida 10/04/2004**

5. FEI Number
63-0418843

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

C T CORPORATION

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH 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

Dale W. Morris

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

Date

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
PSCD	T. OWEN VICKERS	2700 FIRST AVENUE NORTH	BIRMINGHAM, AL 35201-1596
D	HARRY G. VICKERS	2700 FIRST AVENUE NORTH	BIRMINGHAM, AL 35201-1596
DT	MICHAEL GLENN	2700 FIRST AVENUE NORTH	BIRMINGHAM, AL 35201-1596
D	HARVEY GOTLIEB	2700 FIRST AVENUE NORTH	BIRMINGHAM, AL 35201-1596
		<i>Michael S. Glenn</i>	800042878298 11/18/04--01070--005 *#1200.00

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)(l), 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:

Michael S. Glenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/09/04 (205) 252-1197

Daytime Phone #

CR2E081 (01/04)