


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000004742		
1. Entity Name TDT FOODS, INC.		

FILED  
04 OCT 27 PM 5:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1040 FOUNDER'S BLVD., SUITE 100 ATHENS, GA 30606	Mailing Address 1040 FOUNDER'S BLVD., SUITE 100 ATHENS, GA 30606
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2. Principal Place of Business 2424 SW 43rd St Suite, Apt. #, etc.	3. Mailing Address 1040 Founders Blvd Suite, Apt. #, etc. STE 500
City & State Gainesville, FL	City & State Athens, GA
Zip 32606	Country USA

10212004 REIN-P CR2E098 (6/04)

4. FEI Number 22-3848964	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Connie Bryan **CONNIE BRYAN**  
Special Assistant Secretary  
(NOTE: Registered Agent signature required when reinstating) DATE 10/27/2004

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TOWNLEY, TONY D 4601 HOG MOUNTAIN ROAD WARKINSVILLE, GA 30677 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500042712145 11/15/04--01008--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAXLEY, ROBERT E 1231 HAMMOND CREEK TRAIL BOGART, GA 30602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 30622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, ROBERT 1231 HAMMOND CREEK TRAIL BOGART, GA 30602 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 30622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TOWNLEY, TONY D 406 HOG MOUNTAIN ROAD WATKINSVILLE, GA 30677 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 4601 Hog Mountain Rd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Zach W. McLeary 3560 Moye Trail Duluth, GA 30097 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Tony D. Townley **Tony D. Townley - Secretary** 10-28-04 (706) 433-2259  
Date Daytime Phone #