

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 Rei

FILED

05 NOV -3 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # F04000007314					
1. Entity Name COTTON STATES SERVICE COMPANY					
Principal Place of Business 244 PERIMETER CENTER PARKWAY, NE ATLANTA, GA 30346-2397			Mailing Address 244 PERIMETER CENTER PARKWAY, NE ATLANTA, GA 30346-2397		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number				Applied For	
				Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLACKBURN, JOHN D		NAME		
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303462397		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUER, BARBARA		NAME		
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303462397		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCOTT, HARRY V		NAME		
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303462397		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGERS, DAVE		NAME		
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303462397		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARMON, PAUL		NAME		
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303462397		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRISKI, JIM		NAME		
STREET ADDRESS	244 PERIMETER CENTER PARKWAY, NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 303462397		CITY-ST-ZIP		
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: _____			October 25, 2005 800/788-2542		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		