PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV -8 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05595

1. Corporation Name

Phoenix Foods, Inc.

2. Principal Office Address		3. Mailing Office Address	
1210 Briarville Road		1210 Briarville Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Madison, Tennessee		Madison, Tennessee	
Zip	Country	Zip	Country
37115	USA	37115	USA

REINSTATEMENT 2001

4. Date Incorporated or Qualified To Do Business in Florida: July 31, 1989

5. FEI Number: 860641718 ☐ 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 South Pine Island Road

Suite, Apt. #, Etc.:

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

600004685916--5
-11/16/01--01008--006
****758.75 ****758.75

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date: 11-8-01
REGISTERED AGENT MUST SIGN

CR2E031 (9/00)

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
D, P, AS	W. Craig Barber	1210 Briarville Road	Madison, Tennessee 37115
VP	Robert M. Langford	1210 Briarville Road	Madison, Tennessee 37115
S, T	Jeffrey M. Pate	1210 Briarville Road	Madison, Tennessee 37115

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: Jeffrey M. Pate, Secretary and Treasurer 11-7-01 615-277-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #