

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000000128

1. Corporation Name

**ALA-FLA COTTON GROWERS, INC**

W08 — 5502

2. Principal Office Address - No P.O. Box #  
**15 WEST LA RUA ST**

3. Mailing Office Address  
**15 WEST LA RUA ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**PENSACOLA, FL**

City & State  
**PENSACOLA, FL**

Zip  
**32501**

Country  
**UNITED STATES**

Zip  
**32501**

Country  
**UNITED STATES**

**7. Name and Address of Current Registered Agent**

Name  
**STEVEN J. BAKER**

Street Address (P.O. Box Number is Not Acceptable)  
**15 WEST LA RUA ST**

Suite, Apt. #, Etc.

City  
**PENSACOLA**

State  
**FL**

Zip Code  
**32501**

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

Date

1/8/08

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
Sec.	BRETT WARD	4761 HIGHWAY 99-A	WALNUT HILL, FL 32568
Gen. Partner	LELAND HELTON	151 FORES STORE RD	ATMORE, AL 36502
Gen. Partner	WENDELL EICHER	4570 EICHER RD	WALNUT HILL, FL 32561
Pres.	ROBERT E. GODWIN	3940 GODWIN RD	CENTURY, FL 32535
Man. Partner	RODNEY HELTON	P O BOX 489	ATMORE, AL 36504

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/08

Date

850 336 1331

Daytime Phone #

FILED

08 FEB 12 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300116334813  
01/29/08--01019--004 \*\*750.00

**REINSTATEMENT** *01-08*

4. Date Incorporated or Qualified To Do Business in Florida **12/20/02**

5. FEL Number  
**81-0596838**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

*pc 2/12*