

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P21903</b> 1. Entity Name <b>HARRELL MILLING COMPANY</b>			
Principal Place of Business <b>311 RAILROAD AVENUE HARTFORD, AL 36344</b>		Mailing Address <b>PO BOX 40 HARTFORD, AL 36344</b>	
2. Principal Place of Business - No P.O. Box # <b>311 Railroad Ave</b>		3. Mailing Address <b>PO Box 40</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Hartford, AL</b>		City & State <b>Hartford, AL</b>	
Zip <b>36344</b>		Zip <b>36344</b>	
Country <b>Geneva</b>		Country <b>Geneva</b>	
4. FEI Number <b>63-0769374</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>U.C.C. FILING &amp; SEARCH SERVICES, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 <u><i>Edward Huns</i></u> <span style="float: right;">10/23/07</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HOBBS, R. STANLEY</b> <b>101 WESTVIEW DR.</b> <b>ENTERPRISE, AL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: center; font-size: 1.2em;"> <b>000111491680</b>  <b>10/30/07--01025--008 **150.00</b> </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>SOLOMON, JACK</b> <b>1261 TRAWICK RD</b> <b>DOTHAN, AL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <u><i>Jack Solomon</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>10-8-07</u> Daytime Phone # <u>(334) 588-2261</u>	

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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