

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN 19 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P96000016321*

1. Corporation Name

Cotton & Peanuts, Inc.

2. Principal Office Address - No P.O. Box #

620 McKenzie Ave.
Suite, Apt. #, etc.

3. Mailing Office Address

24 West Orange Ave.
Suite, Apt. #, etc.

City & State

Panama City, Fl.

Zip

32401

Country

Bay

City & State

DeFuniak Springs, Fl.

Zip

32435

Country

Walton

REINSTATEMENT 1997-07

4. Date Incorporated or Qualified
To Do Business in Florida

2/21/96

5. FEI Number

196482103

☒ 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

Bill R. Hutto

Street Address (P.O. Box Number is Not Acceptable)

620 McKenzie Ave.

Suite, Apt. #, Etc.

City

Panama City, Fl.

State

FL

Zip Code

32401

☒ 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.

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

Bill R. Hutto

REGISTERED AGENT MUST SIGN

Date *6/14/07*

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
Pres.	<i>T.S. Smith</i>	<i>24 West Orange Ave</i>	<i>DeFuniak Springs Fl. 32435</i>
V. Pres	<i>T.S. Smith</i>	<i>24 West Orange Ave</i>	<i>DeFuniak Springs Fl. 32435</i>
Sec.	<i>T.S. Smith</i>	<i>24 West Orange Ave</i>	<i>DeFuniak Springs Fl. 32435</i>
Treas.	<i>T.S. Smith</i>	<i>24 West Orange Ave</i>	<i>DeFuniak Springs Fl. 32435</i>

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:

T.S. Smith, Pres.

Date

6/14/07

Daytime Phone #

850-9562073

26/71