

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 SEP 12 PM 1:51

DOCUMENT # **P98000077463**

1. Corporation Name

Gulf Kist Producers, Inc

700007833687--5
-09/18/02--01067--009
***1050.00 ***1050.00

2. Principal Office Address

2754 Levy St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 368

Suite, Apt. #, etc.

City & State

Cottondale FL

City & State

Cottondale FL

Zip

32431

Country

USA

Zip

32431

Country

USA

REINSTATEMENT 2000-2002

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3931072

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

Joe E. Busby

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

4879 Magnolia Rd

Suite, Apt. #, Etc.

City

Marianna

State

FL

Zip Code

32448

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

Joe E. Busby

Date

9/12/02

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
PP	Busby Joe E	4879 Magnolia Rd	Marianna FL 32448
PCEO	Braxton, M. W.	3915 Peanut Rd	Cottondale FL 32431
DS	Braxton, Kenneth P	3844 Veteran Rd.	Cottondale FL 32431

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:

Joe E. Busby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/12/02
Date

850-752-4233
Daytime Phone #

CR2E081 (9/01)