

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000077463

1. Entity Name
GULF KIST PRODUCERS, INC.



Principal Place of Business
2754 LEVY ST.
COTTONDALE, FL 32431

Mailing Address
P O BOX 368
COTTONDALE, FL 32431

FILED

05 MAR -7 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072005 REIN-P CR2E098 (6/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3931072

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUSBY, JOE E
4879 MAGNOLIA RD.
MARIANNA, FL 32448

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO
BROXTON, M.W.
PO BOX 368
COTTONDALE, FL 32431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BUSBY, JOE E
4879 MAGNOLIA RD.
MARIANNA, FL 32448 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200048027142
03/09/05--01005--021 **308.75 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BRAXTON, KENNETH P
3844 VETERAN RD
COTTONDALE, FL 32431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or without other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/2005 850-352-4233
Date Daytime Phone #