

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT -6 PM 4:06

DOCUMENT # P98000077403

1. Corporation Name

Gulf Kist Producers, Inc.  
PO Box 368  
Cottondale, FL 32431

800023923168  
10/20/03--01007--005 \*\*750.00

2. Principal Office Address

2754 Leuy St.

Suite, Apt. #, etc.

City & State

Cottondale FL

Zip

32431

Country

Jackson

3. Mailing Office Address

PO Box 368

Suite, Apt. #, etc.

City & State

Cottondale FL

Zip

32431

Country

Jackson

**REINSTATEMENT**

03

4. Date Incorporated or Qualified  
To Do Business in Florida

9/8/98

5. FEL Number

59-3931072

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

Joe E. Busby

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

4877 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  
REGISTERED AGENT MUST SIGN

Date 10/6/03

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
CEO	M. W. Braxton	PO Box 368	Cottondale FL 32431
PRES	Joe E. Busby	4877 Magnolia Rd.	Marianna FL 32448
Sec	Kenneth P. Braxton	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

President

10/6/03

Date

850-352-71233

Daytime Phone #

CR2E081 (10/02)