

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # 833282

1. Corporation Name
Cagle's, Inc.

FILED
99 JAN 27 PM 2:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2000 Hills Avenue, N.W.
Atlanta, Georgia 30318

REINSTATEMENT 98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Qualified To Do Business in Florida October 31, 1974

5. FEI Number 58-0625713 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
	See attached list of officers		

700002769727--8
-02/09/99--01071--019
****908.75 ****908.75

Handwritten initials in a circle

8. Name and Address of Current Registered Agent
Kenneth R. Barkley
2000 Hills Ave., N.W.
Atlanta, Georgia 30318

9. Name and Address of New Registered Agent
Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc:
City: Plantation State: FL Zip Code: 33324

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: *Mary R. Adams*
REGISTERED AGENT MUST SIGN
Date: 1-26-99

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

12. 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: *George L. Pitts*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George L. Pitts, Secretary
Date: 1/25/99
Daytime Phone #: 404-355-2820

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ATTACHMENT TO APPLICATION FOR REINSTATEMENT

FOR

CAGLE'S, INC.

7. Names and Street Addresses of Each Officer and/or Director

<u>1. Title(s)</u>	<u>2. Name of Officers and/or Directors</u>	<u>3. Street Address of Each Officer and/or Director</u>	<u>4. City/State/Zip</u>
C	J. Douglas Cagle	2000 Hills Avenue, N.W.	Atlanta, GA 30318
P	Jerry D. Gattis	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V/T	Kenneth R. Barkley	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V	John J. Bruno	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V	Mark M. Ham IV	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V	George Douglas Cagle	2000 Hills Avenue, N.W.	Atlanta, GA 30318
V	James David Cagle	2000 Hills Avenue, N.W.	Atlanta, GA 30318
S	George L. Pitts	2000 Hills Avenue, N.W.	Atlanta, GA 30318