

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *9/1/98*
REINSTATEMENT



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

APPROVED
AND
FILED

1998 MAR 12 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J13745**

1. Corporation Name
RYMER CHICKEN INC. - PLANT CITY

Principal Place of Business Mailing Address
~~c/o Bill Templar~~
1503 Turkey Creek Road
Plant City, FL 33566

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

2. New Principal Office Address, If Applicable <i>c/o Edward M. Hebert</i>		3. New Mailing Office Address, If Applicable <i>c/o Edward M. Hebert</i>		4. Date Incorporated or Qualified To Do Business in Florida 5/12/1986	
Suite, Apt. #, etc. <i>PLANT CITY</i>		Suite, Apt. #, etc. <i>4600 S. PACKERS AVE.</i>		5. FEI Number 59-2689052 Applied For Not Applicable	
City & State <i>1503 TURKEY CREEK RD</i>		City & State <i>CHICAGO IL.</i>		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
Zip <i>33566</i>	Country	Zip <i>60609</i>	Country		

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
<i>P/c/d</i>	<i>P. EDWARD SCHENK</i>	<i>4600 S. PACKERS AVE</i>	<i>Chicago, IL 60609</i>
<i>vp/c/d</i>	<i>EDWARD M. HEBERT</i>	<i>4600 S. PACKERS AVE</i>	<i>Chicago, IL 60609</i>
<i>S</i>	<i>BARBARA McNICOLAS</i>	<i>4600 S. PACKERS AVE</i>	<i>Chicago, IL 60609</i>

REINSTATEMENT
9/1/98
2512/98
3/12/98
100002456731--4
03/13/98 01072--005
***1358.75 ***1358.75

8. Name and Address of Current Registered Agent

~~Jim Jones~~
~~1503 Turkey Creek Road~~
~~Plant City, FL 33566~~

9. Name and Address of New Registered Agent

Name *C.T. CORPORATION SYSTEMS*
Street Address (P.O. Box Number is Not Acceptable)
1200 S. PINE ISLAND RD
Suite, Apt. #, Etc. *100002456731--4*
City *PLANTATION* *FL 33324*
Date *03/13/98* *01072--005*
***1358.75 ***1358.75

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 *Connie Bryan* **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN Date *3-12-98*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

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: *Edward M. Hebert* *3/10/98* *773-650-0507*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Edward M. Hebert, V.P.

CR2E040 (12/96)