

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *PAGE 1 of 2*

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

W0400 0015899

FILED

04 MAY 11 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 002906

1. Corporation Name

THE COUNCIL TOOL COMPANY, INC.

2. Principal Office Address

345 PECAN LANE

Suite, Apt. #, etc.

City & State

LAKE WACCAMAW, NC

Zip

28450

Country

US

3. Mailing Office Address

P. O. BOX 165

Suite, Apt. #, etc.

City & State

LAKE WACCAMAW, NC

Zip

28450-0165

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
560189490

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

700033097657
04/19/04--01074--025 **1050.00

7. Name and Address of Current Registered Agent

Name

RAX CO., Halcyon E. Skinner, President

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

50 N. LAURA STREET

Suite, Apt. #, Etc.

SUITE 3300

City

JACKSONVILLE

State

FL

Zip Code

32202

REINSTATEMENT 02-04

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

5/6/04

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
P/T	John M. Council, III	2201 Sterling Place	Wilmington, NC 28403
CH	John M. Council, Jr.	Lake Shore Drive	Lake Waccamaw, NC 28450
VP/S	Virginia P. Council	Lake Shore Drive	Lake Waccamaw, NC 28450
D	Ivan D. Wilson	Creed Ridge Road	Lake Waccamaw, NC 28450
D	Michael Terrell	4642 Windfall Road	Medina, OH 44256-8705
D	Dr. T.O. Coppedge, Jr.	4067 Abingdon Road	Charlotte, NC 28211

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

John M. Council, III
JOHN M. COUNCIL, III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/16/04

(910) 646-3011

Daytime Phone #

CR2E081 (01/04)

PRYOR

CONTINUATION OF CORPORATION REINSTATEMENT APPLICATION
DOCUMENT # 002906

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

D E. L. Council Lake Shore Drive, Lake Waccamaw, NC 28450

D A. D. Gray, III 402 Franklin Street, Whiteville, NC 28472