

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 DEC 22 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 816530

1. Corporation Name

GEORGIA-PACIFIC INVESTMENT COMPANY

Principal Place of Business	Mailing Address
133 PEACHTREE ST NE P O BOX 105605 ATLANTA GA 30303-1812	133 PEACHTREE ST NE P O BOX 105605 ATLANTA GA 30303-1812



REINSTATEMENT 98

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/03/1962	
City & State		City & State		5. FEI Number	
Zip		Country		93-6028874	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
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
AS	MURPHY, JOYCE Kimberly Dyslin Rountree	133 PEACHTREE ST NE	ATLANTA GA
D	RASOR, JOHN F Ronald L. Paul	133 PEACHTREE STREET NE	ATLANTA GA
VP	HUFF, DANNY W	133 PEACHTREE STREET NE	ATLANTA GA
D	MCGOVERN, JOHN F.	133 PEACHTREE STREET NE	ATLANTA GA
D and P	GLASS, DONALD L	133 PEACHTREE STREET NE	ATLANTA GA
S	KHOURY, KENNETH F	133 PEACHTREE ST NE	ATLANTA GA

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) 200002724747--0 Suite, Apt. #, Etc. -12/29/98--01044--018 City ****750 00 State Zip Code FL ****750.00	

10. I, being appointed the registered agent of the above named corporation, do hereby certify and agree to the provisions of Section 607.0505, F.S.
Signature of Registered Agent: JENNIFER FAHMAN ASSISTANT SECRETARY Date: 12-10-98
REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. 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)(f), 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: Kenneth F. Khoury 12/9/98 404-652-4130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (9/98)