

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
 02 APR -8 AM 10:26
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT #
 1. Corporation Name
 Nocatee Timber Company, Inc.
 P96000097081

2. Principal Office Address 7006 Atlantic Blvd. Suite, Apt. #, etc.		3. Mailing Office Address 7006 Atlantic Blvd. Suite, Apt. #, etc.	
City & State Jacksonville, Florida		City & State Jacksonville, Florida	
Zip 32211-8706	Country U.S.A.	Zip 32211-8706	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 11-25-96

5. FEI Number 593415953 **Applied For**
 Not Applicable

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

01-02 [Signature]

7. Name and Address of Current Registered Agent

Name: Louis Everett

Street Address (P.O. Box Number is Not Acceptable): 7006 Atlantic Blvd.

Suite, Apt. #, Etc.

City: Jacksonville State: FL Zip Code: 32211-8706

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 ***900.00 ***900.00

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: [Signature] Date: 3-28-02
 REGISTERED AGENT MUST SIGN

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
PV	Louis Everett	7006 Atlantic Blvd.	Jacksonville, FL 32211
V	William F. Caulkins, Sr.	7006 Atlantic Blvd.	Jacksonville, FL 32211
ST	Harlo G. Everett, Jr.	7006 Atlantic Blvd.	Jacksonville, FL 32211

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: [Signature] Louis Everett Date: 3-28-02 Daytime Phone #: 904-504-1440
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)