


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P97000088910

1. Entity Name
HYGRADE TIMBER COMPANY, INC.



FILED

05 JAN -5 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

C/O MICHAEL B. LEWIS SR.
537 HUNTER'S RUN BLVD.
LAKELAND, FL 33809

PO BOX 91022
LAKELAND, FL 33804

Handwritten initials



REINSTATEMENT 04-05

2. Principal Place of Business 3. Mailing Address

____ Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
59-3478892

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, MICHAEL B SR.
537 HUNTER'S RUN BLVD.
LAKELAND, FL 33809

7. Name and Address of New Registered Agent

Name _____

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

City _____ FL Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Michael B. Lewis* DATE: *12-29-04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, MICHAEL B SR.	
STREET ADDRESS	537 HUNTER'S RUN BLVD	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, MICHAEL B JR.	
STREET ADDRESS	537 HUNTER'S RUN BLVD	
CITY-ST-ZIP	LAKELAND, FL 33509	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEWIS, CARRIE O	
STREET ADDRESS	537 HUNTER'S RUN BLVD	
CITY-ST-ZIP	LAKELAND, FL 33809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

900044044729
01/05/05--01010--011 **900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE: *Michael B. Lewis* Date: _____ Daytime Phone #: *863 559 2763*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR