


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

Mailing Address  
PO BOX 91022  
LAKELAND, FL 33804

*[Handwritten initials]*



**REINSTATEMENT 04-05**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

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: *[Signature]* 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		
STREET ADDRESS		
CITY-ST-ZIP		
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		
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: *[Signature]* **President** DATE: *[Signature]* DAYTIME PHONE #: **863 559 2763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #