

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAR 26 AM 9: 25

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000088910

1. Corporation Name

Hygrade Timber Company Inc.

200121352892
03/26/08--01037--009 **150.00

B 3/27/08

REINSTATEMENT

06-08

01/30/08 01033 007 \$300.00

2. Principal Office Address - No P.O. Box #

537 Hunter's Run Blvd

3. Mailing Office Address

P O Box 353

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lakeland Fl

City & State

Sumterville Fl

Zip

33809

Country

US

Zip

33585

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

10/13/97

5. FEI Number
593478892

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Michael B. Lewis Sr.

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

537 Hunter's Run Blvd

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33809

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

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
D	Michael B. Lewis Sr.	537 Hunter's Run Blvd	Lakeland Fl 33809
D	Michael B. Lewis Jr.	537 Hunter's Run Blvd	Lakeland Fl 33809
D	Carrie O. Lewis	537 Hunter's Run Blvd	Lakeland Fl 33809

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 contained in Chapter 119, 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:

Michael B Lewis Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael B. Lewis Jr.

1/25/08
Date

(352) 464-1025
Daytime Phone #

mailed 1/25/08