

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV -7 PM 6:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000088910

1. Corporation Name

HYGRADE TIMBER COMPANY, INC.

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



REINSTATEMENT 2003

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

10/07/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3478892

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$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	4 City / State / Zip
D	LEWIS, MICHAEL B SR.	537 HUNTER'S RUN BLVD	LAKELAND FL 33809
D	LEWIS, MICHAEL B JR.	537 HUNTER'S RUN BLVD	LAKELAND FL 33509
D	LEWIS, CARRIE O	537 HUNTER'S RUN BLVD	LAKELAND FL 33809

600024510156
11707703--01058--002 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt. #, Etc. _____
City _____ State **FL** Zip Code _____

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Date

11-4-03

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael B. Lewis 11-4-03

Date

Daytime Phone #

863 359 2763

CR2E040 (7/03)