


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND FILED

01 DEC 28 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT *2001*

CORPORATION REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 171540 1. Corporation Name <i>ARCH CREEK LUMER COMPANY INC.</i>			
2. Principal Office Address <i>15255 WEST DIXIE HWY</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>P.O. Box 60000 J.</i> Suite, Apt. #, etc.	
City & State <i>N. Miami Beach FL</i>		City & State <i>N. Miami Beach, FL</i>	
Zip <i>33162</i>	Country <i>USA</i>	Zip <i>33162</i>	Country <i>USA</i>
4. Date Incorporated or Qualified To Do Business in Florida <i>12-15-52</i>		5. FEI Number <i>59-0689997.</i>	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name <i>William C. Rose</i>		300004749003---9	
Street Address (P.O. Box Number is Not Acceptable) <i>15255 WEST DIXIE HIGHWAY</i>		01/03/02 01042-005 ****750.00 ****750.00	
Suite, Apt. #, Etc. ---		---	
City <i>N. Miami Beach</i>		State FL	Zip Code <i>33162</i>

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 *William C. Rose* Date *12/27/01*

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
<i>PD.</i>	<i>William C. Rose</i>	<i>15255 West Dixie Highway</i>	<i>N. Miami Beach, FL 33162</i>
<i>DST</i>	<i>JO Elaine Rose Pierce</i>	<i>15255 W. Dixie Highway</i>	<i>N. Miami Beach, FL 33162</i>

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: *William C. Rose* Date: *12/27/01* Daytime Phone #: *305-947-3441*

CR2E001 (9/01)

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Arch Creek Lumber Company, Inc.

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

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 01 DEC 28 AM 11:04
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA