


2007 FOR PROFIT CORPORATION REINSTATEMENT

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|--|--|---------------------------------|--|--|--|---|--|
| DOCUMENT # 204685 1. Entity Name SOUTHLAND TIMBER COMPANY | | | |  | | FILED 2007 MAR 21 PM 4:32 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| Principal Place of Business HIGHWAY 47 P O BOX 87 FORT WHITE, FL 32038-0087 | | | | Mailing Address PO BOX 87 FORT WHITE, FL 32038-0087 US | | | |
| 2. Principal Place of Business - No P.O. Box # 17762 SW State Rd. 47 | | | | 3. Mailing Address Suite, Apt. #, etc. FT. White, FL. | | | |
| City & State FT. White, FL. | | | | 4. FEI Number 59-0932300 | | | |
| Zip 32038 | | | | Country USA | | | |
| 6. Name and Address of Current Registered Agent DEESE, ROBERT S. HWY 47 FT WHITE, FL 32038 | | | | 7. Name and Address of New Registered Agent Name 17530 SW State Rd 47 Street Address (P.O. Box Number is Not Acceptable) City FT. White | | | |
| 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. | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| SIGNATURE <i>Robert S Deese</i> Signature, typed or printed name of registered agent and title if applicable. | | | | DATE 3/12/07 | | | |
| FILE NOW!! FEE IS \$900.00 | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD DEESE, ROBERT S. HWY 47 FT WHITE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 800095801528 04/04/07--01030--021 **900.00 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DEESE, SALLIE MAE HWY 47 FT. WHITE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DEESE, MIKE HWY 47 FT WHITE, FL 32038 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V DEESE, JOEY HWY 47 FT. WHITE, FL 32038 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered. | | | | | | | |
| SIGNATURE: <i>Robert S Deese</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | 03-12-07 Date | | | |
| Robert S. Deese, President/Director | | | | 386-365-2553 Daytime Phone # | | | |

3 Mitchell MAR 21 2007