



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 236438</b> 1. Entity Name <b>CROSS CITY VENEER CO., INC.</b>					
Principal Place of Business 820 SE 12TH ST CROSS CITY, FL 32628 US				Mailing Address 820 SE 12TH ST CROSS CITY, FL 32628 US	
2. Principal Place of Business <b>106 NE 180th ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>106 NE 180th ST</b> Suite, Apt. #, etc.		 01102005 REIN-P CR2E098 (6/04)	
City & State <b>Cross City, FL</b>		City & State <b>Cross City, FL</b>			
Zip <b>32628</b>		Zip <b>32628</b>			
Country <b>DIXIE</b>		Country <b>DIXIE</b>		4. FEI Number <b>59-0905036</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>CANNON, DAVID</b> <b>RUDOLPH PARRROTT RD</b> <b>CROSS CITY, FL 32628</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u>David Cannon</u> <span style="float: right;">8-31-05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD JONES, BOLLING, III 200 E. PINE TREE BLVD. THOMASVILLE, GA 31792		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>500059781895</b> <b>09/20/05--01043--003 **908.75</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD FLETCHER, ELLIS 1904 WIMBILTON DRIVE THOMASVILLE, GA 31792		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CANNON, DAVID RUDOLPH PARROTT ROAD CROSS CITY, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMPSON, RAY 607 PATTERSON STEEL RD. THOMASVILLE, GA 31792		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		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		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 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 empowered.					
SIGNATURE: <u>David Cannon / Mgr.</u> <span style="float: right;">8-31-05 352-498-3226</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED  
05 SEP 13 AM 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 09-05