## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

318730

## LITTRELL LUMBER COMPANY

Principal Place of Business

Mailing Address

2100 3RD AVE 80: ST PETERSBURG FL 33712 2100 3RD AVE. SO. ST DETERSBURG FL 33712 FILED
97 JAN 13 AM 9: 28
BIORETARY OF STATE
TALLAHASSEE, FLORIDA



If above a	iddresses are incorrect in any way, line thro	ough incorract in	formation and enter	correction helpsy	mrikto'	TATEMENT	210	
2. New Pris	ncipal Office Address. If Applicable	1.3 New Mailir	3. New Mailing Office Address, If Applicable 4219-28th Avenue North			orated or Qualified ness in Florida	14	
Suite, Apt.		Suite, Apt. #. etc.			0//11/196/			
City & State	etersburg, FL	City & State	City & State St. Petersburg, FL			59-1169107   Applied For Not Applicable		
Zip 33710	Country Pinellas	Zφ 33710	Count Pin	ellas	•		5 Additional Fee required r a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	or Director (Flor	************************		ast 3 directors)			
Title(s) 1	Name of Officers and/or Directors		Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)		•	City / State / Zip		
<del>D</del> PD	ZIMMER, MARIAN L		4219 28TH AVE N		ST PETERSBURG FL 33710			
EVP	LONG, GERMAINE W		P. O. BOX 1116 N/A		CASHIERS NC			
D #	MOCLELLAND, ROBERT L. TAYLOR, KIRBY L.		8462 87H WAY NORTH 8383 Charter Club Circle		ST PETERSBURG FL Ft. Myers, FL 33919			
<del>-91</del> /	REBER, DORIS B.		10159-95TH ST., NORTH		-LARGO FL-			
A <del>VP</del> D	GREEN, LOUIS F. BENZ, BOBBY JEAN		-7014 219T STREET, NORTH 4862 Green groft Road		Sarasota, FL 34235			
DE 1/13/17								
8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Name								
Morian L					2. Zimmer P.O. Box Number is Not Acceptable) R8th Avenue North			
Street Address (					P.O. Box Number is Not Acceptable)			
ST. PETERSBURG FL 33702  4219 - 28th Avenue North Suite, Apt. #, Etc.								
St. Pete					0000020597001 -01/16/37smb1知655007 ersburg, ****375 <b>,所</b> ****375.00			
10. I, being	appointed the redistered agent of the abo	ve named corpo	ration, am familiar w	ith and accept the o	bligations of Section	on 607.0505, F.S.		
Signature of Registered	Agent_ V / Cance	an. Z	mmed ENT MUST SIGN	· .		Date /2/2	7/96	
11. Do De	es this corporation pay a pt. of Revenue under S.	ny intang 199.032,	ible tax to th Florida Stat	ne utes. Yes	× No [	(See other side on intang	for Information pible tax.)	
12. 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.								
SIGNAT	TURE: Marian	NTED NAME OF S	uned- /	Marian Zi DIRECTOR	'mmeBec	12,1996 (813 Date Day	1,522-4628	