

2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 12 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 411094

1. Entity Name
CROSSLAND TIMBER COMPANY, INC.



Principal Place of Business

Mailing Address

2705 BLAIR STONE LN.
TALLAHASSEE, FL 32301

2705 BLAIR STONE LN.
TALLAHASSEE, FL 32301

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10012007

REIN-P

CR2E098 (1/07)

4. FEI Number
59-1471950

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASSELL, LEONARD
2705 BLAIR STONE LANE
TALLAHASSEE, FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME HASSELL, LEONARD
STREET ADDRESS 276 DUNCAN DR
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 310 VIRGINIA CIRCLE
CITY-ST-ZIP CAIRO, GA 39828

TITLE ST ☐ Delete
NAME HASSELL, MARTHA
STREET ADDRESS 276 DUNCAN DR
CITY-ST-ZIP CRAWFORDVILLE, FL 32327

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 310 VIRGINIA CIRCLE
CITY-ST-ZIP CAIRO, GA 39828

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Martha J Hassell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-01-07

Date

Daytime Phone #

REINSTATEMENT

2007