

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 18 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 438810

1. Corporation Name

Jack B. Thigpen Lumber Company, Inc.

2. Principal Office Address
8 Main Street

3. Mailing Office Address
Post Office Box 185

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Chattahoochee, FL

City & State
Chattahoochee, FL

Zip 32324

Country
USA

Zip 32324

Country
USA

REINSTATEMENT 97-02

**4. Date Incorporated or Qualified
To Do Business in Florida** 10/25/73

5. FEI Number
59-1516822

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jack B. Thigpen

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

Suite, Apt. #, Etc.

City
Chattahoochee

State
FL

Zip Code
32324

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**

Jack B. Thigpen

REGISTERED AGENT MUST SIGN

Date

9/18/02

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
PD	Jack B. Thigpen	8 Main Street	Chattahoochee, FL 32324
SD	Annette Thigpen	8 Main Street	Chattahoochee, FL 32324

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

Jack B. Thigpen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jack B. Thigpen

Date

9/18/02

(850) 663-4396

Daytime Phone #

CR2E081 (9/01)

9/18/02

FISHER, TOUSEY, LEAS & BALL

ATTORNEYS AT LAW

JOHN S. BALL*

KRISTA W. BIRR

JULIE EXUM BREUER

ROBERT A. DAWKINS**

MICHAEL W. FISHER **

BEVERLY H. FURTICK**

MICHAEL J. IVAN, JR.

JOHN E. LAWLOR III

MICHAEL R. LEAS*

J. BROOKE MATHESON

ROBERT N. MILLER

J. JACOB R. PEEK

MARY A. ROBISON ***

CLAY B. TOUSEY, JR.**

ONE INDEPENDENT DRIVE, SUITE 2600

JACKSONVILLE, FLORIDA 32202

TELEPHONE (904) 356-2600 • FAX (904) 355-0233

818 NORTH A1A, SUITE 104

PONTE VEDRA BEACH, FLORIDA 32082

(904) 285-2601

JACKSONVILLE OFFICE

September 17, 2002

FLORIDA BAR BOARD CERTIFIED TAX LAW

** FLORIDA BAR BOARD CERTIFIED WILLS,
TRUSTS & ESTATES LAW

*** FLORIDA BAR BOARD CERTIFIED
REAL ESTATE LAW

Florida Department of State
Division of Corporations
ATTN: REINSTATEMENTS
Post Office Box 6327
Tallahassee, Florida 32314

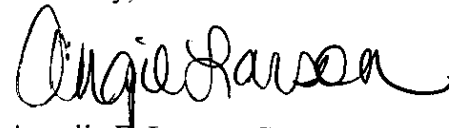
RE: Jack B. Thigpen Lumber Company, Inc., Document # 438810

Dear Sir or Madam:

Enclosed please find a Corporate Reinstatement for the above-referenced entity, along with a check in the amount of \$1,500.00, representing the filing fee. Please file the Reinstatement accordingly, and return confirmation to me at the above Jacksonville address.

If there are any questions regarding this filing, or if any further is needed, please give me a call.

Sincerely,



Angelia F. Larson, CLA
Certified Legal Assistant

Enclosures
/22403

cc: Jack B. Thigpen (w/out encl.)