

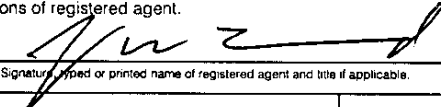
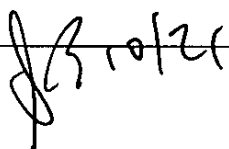
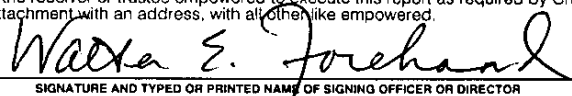


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 672931</b> 1. Entity Name <b>MOUNTAIN LAND &amp; TIMBER COMPANY, INC.</b>				<b>FILED</b>  05 OCT 21 PM 1:45  SECRETARY OF STATE TALLAHASSEE, FLORIDA  	
Principal Place of Business <b>1247 PECAN PARK RD. JACKSONVILLE, FL 32218</b>		Mailing Address <b>PO BOX 600976 JACKSONVILLE, FL 32260</b>		10172005    REIN-P    CR2E098 (6/04)	
2. Principal Place of Business <b>611 Sun Road</b>		3. Mailing Address <b>611 Sun Road</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Aberdeen, NC</b>		City & State <b>Aberdeen, NC</b>		4. FEI Number <b>59-2004612</b>	
Zip <b>28315</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>O'DONNELL, JAMES D. 1247 PECAN PARK RD. JACKSONVILLE, FL 32218</b>				7. Name and Address of New Registered Agent Name <b>John W. Forehand</b> Street Address (P.O. Box Number is Not Acceptable) <b>125 S. Gadsden St., #300</b> City <b>Tallahassee FL</b> Zip Code <b>32301</b>	
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  <b>John W. Forehand</b> 10-18-05 <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 \$750.00</b> <b>After January 1, 2006, Fee will be \$900.00</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS <input type="checkbox"/> Delete <b>O'DONNELL, JAMES D. 1247 PECAN PARK RD. JACKSONVILLE, FL 32218</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>611 Sun Road Aberdeen, NC 28315</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Vice President Walter E. Forehand 125 S. Gadsden St., #300 Tallahassee, FL 32301</b>	
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 <b>300060917033 10/25/05--01030--017    **750.00</b>	
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: 			10/20/05 (850) 222-5702		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date    Daytime Phone #</small>		