B97000000602

# Florida Department of State
## Division of Corporations
## Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

RECEIVED
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**LP/LLLP REINSTATEMENT**
**PFI TIMBERFUND I, LP**

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | ~~$2,000.00~~ |

$ 1,000.00



N. Oquigley JAN 22 2010

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 JAN 21 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

CR2E089 (1/07)

DOCUMENT # B97000000602

1. Name of Limited Partnership

PFI Timberfund I, LP

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 665 Simonds Rd. | Same as #2 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Williamstown, MA | |
| City & State | City & State |
| Williamstown, MA | |
| Zip / County | Zip / County |
| 01367 USA | |

4. Date Formed or Registered To Do Business in Florida: 11/7/1997

5. FEI Number: 043394762 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33324

7. FEES:

Filing Fee(s): $411.25 for each year due this office.

Supplemental Fee(s): $68.75 for each year due this office.

Penalty Fee(s): $500 for each year or part thereof limited partnership revoked on our records.

☒ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1510 or 620.1909, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment): (REGISTERED AGENT MUST SIGN) TAMMY TOFEROO ASSISTANT SECRETARY DATE 1/20/10

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 10. Name(s) of General Partner(s) | Address of Each General Partner (Do NOT Use Post Office Box Number(s)) | City, State and Zip Code | 10a. Registration Document Number |
|---|---|---|---|
| Pinnacle Forest Investments, LLC | 630 S Shackleford Rd | Little Rock, AR 72211 | B97000000602 |

REINSTATEMENT 09, 10

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I/we hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I/we release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. In the event that the information supplied is deemed exempt from public access, I further certify that the information indicated on this annual report is true and accurate and that any signature shall have the same legal effect as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE: Paula A. McCarthy, Secy DATE: 1/20/10

Typed or Printed Name of General Partner Signing Form: Paula A. McCarthy, Secy — Telephone Number: 413/458-5220