2005 FOR PROFIT. CORPORATION REINSTATEMENT

SIGNATURE: __

SIGNATURE AND TYPED OF PROTED MAKE OF SIGNING OFFICER OR DIRECTOR

APPHOVEL

05 NOV 21 AM 6:06

DOCUMENT # F0400005525 1. Entity Name WELLBORN FOREST PRODUCTS, INC.								05 NOV 21 AM 6: 06 SECRETARY OF STATE TALLAHASSEE, FLORIDA					
Principal Place of Business 2212 AIRPORT BLVD ALEXANDER CITY, AL 35010				Mailing Address 2212 AIRPORT BLVD ALEXANDER CITY, AL 35010					A BITT TRIBIL T BITH OF	iin Br ii Bi i	1 12:11:11:11	a ma 2011 a	111 02 1 (1.1 25 1
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				172005	REIN-P		CR2E09	8 (6/04)	
City & State				City & State				FEI Numbe 63-0932					pplied For ot Applicable
Zip	Country 6. Name and Address of Current F			ip	itry	5. Certificate of Status Desired \$8.75 Additional Fee Required							
			7. 1	Name and	Address of N	ew Regis	tered Ag	ent					
CTCOPP		 LOVOTEM				Name							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						Street Addr	Street Address (P.O. Box Number is Not Acceptable)						
1 5 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					City Zip Code								
						,					FL		
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 alignature required when reinstating) DATE													
After Jar		EE IS \$750.00 106, Fee will be \$900.0	L										
10.	I a	OFFICERS AND	DIREC		11.		AE	DDITIONS/	CHANGES TO	OFFICE		_	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2212 AIR	RN, TIMOTHY PORT BLVD DER CITY, AL 35010		□ Delete				1 C 11/07	0006 /05010	122 364	_] Change [] <u>1</u> ※本750	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP											(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP =				☐ Delete	1]	_ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP				☐ Delete							(Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete						-]	_ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	cm	ME EET ADORESS '-ST-71P				Eckel	NOV		
indicated	t on this rend	ne information supplied with ort or supplemental report in the receiver or trostee emp achment with an abdress,	is true a	nd accurate and that r	my siona	iture shall have	the same.	legal effec	t as if made ur	nder oath:	that Larr	i an office	r or director