2006 FOR PROFIT CORPORATION REINSTATEMENT

		IAIEWENI				
DOCUMENT # F0400005525				A		
Entity Name WELLBORN FOREST PRODUCTS, INC.				06 (30) 17 (3) 3/41		
Principal Plac	e of Business	Mailing Address	0			
2212 AIRPORT BLVD		2212 AIRPORT BLVD		The second secon		
ALEXANDER CITY, AL 35010 ALEXANDER CITY, AL 35			5010			
					131	
2. Principal Place of Business 3. Mailing Address				Ш		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1082006 J. BEIN-P. CH2E098 (11/05)	18	
					<u>UO</u>	
City & State		City & State		4. FEI Number Applied 83-0932679 Not App		
Zip	Country	Zip	Country	5 Certificate of Status Desired \$8.75 Additiona		
	6. Name and Address of Cui	rent Begistered Agent		7. Name and Address of New Registered Agent		
	6. Name and Address of Co.	Telli negistered Agent	Name T			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				Name Tim Wellborn Street Address (P.O. Box Number is Not Acceptable)		
PLANTATION, FL 33324						
				oulf Shore Drive Unit 443		
			City Des-			
8. The above	named entity submits this statem tions of registered agent.	ent for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am familiar with, and a	accept	
(iii ooliga	(And to	Ti	1.10/11	CFO 11/15/06		
SIGNATURE.	Signature, typed or printed harms of registered	agent and title if applicable. (NOTE	: Registered Agent signature rec		_	
	E NOW!!! FEE IS \$750.00 nuary 1, 2007, Fee will be \$9	00.00				
10.	OFFICERS	AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	11	
TITLE	P	☐ Delete	TITLE		Addition	
NAME	WELLBORN, TIMOTHY		NAME	50 <u>0</u> 08189511 <u>5</u>	_	
STREET ADDRESS CITY-ST-ZIP	2212 AIRPORT BLVD ALEXANDER CITY, AL 350	10	STREET ADDRESS CITY-ST-ZIP	11/17/0601010016 **759.7	5	
TITLE	S	☐ Delete	TITLE	☐ Change	Addition	
NAME	HAYS, STEVEN		NAME	_ · <u>-</u>		
STREET ADDRESS CITY-ST-ZIP	2212 AIRPORT BLVD ALEXANDER CITY, AL 350	10	STREET ADDRESS CITY-ST-ZIP			
TITLE	ALEXANDER OFF, AE 000	Delete	TITLE	☐ Change	Addition	
NAME			NAME	_ 0,4,1,5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE		Delete	TITLE	☐ Change ☐	Addition	
NAME		La Delott	NAME	_ vieingv _	7,00(101)	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE	☐ Change ☐	Addition	
NAME		L) Delete	NAME	□ Change □	Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		* a.m.	
TITLE NAME		☐ Delete	TITLE NAME	☐ Change ☐	Addition	
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		of the data (DD)	CITY-ST-ZIP	Charles All Flads Control of Cont		
12. I hereby indicated	certify that the information supplied on this report or supplemental re	d with this filing does not qualify for port is true and accurate and that n	r the exemptions contain ny signature shall have th	ned in Chapter 119, Florida Statutes. I further certify that the informathe same legal effect as if made under oath; that I am an officer or did	ation rector	
of the co changed	rporation or the receiver or trustee i, or on an attachment with an add	empowered to execute this report rose, with all other like empowered.	as required by Chapter 6	the same legal effect as if made under oath; that I am an officer or di 607, Florida Statutes, and that my name appears in Block 10 or Bloc	K 11 if	
CICNIC	11/ March	ttt 7	in Wellborn	(FO 11/15/02 25/-740)	1137	
SIGNAT	UNE: // //	ED OR PRINTED NAME OF SIGNING OFFICER	OR CHECTOR	LEU 11/15/06 256-749-20	<u>~</u>	