

## 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # F04000005525</b> 1. Entity Name <b>WELLBORN FOREST PRODUCTS, INC.</b>						FILE 06 NOV 17 2006	
Principal Place of Business <b>2212 AIRPORT BLVD ALEXANDER CITY, AL 35010</b>				Mailing Address <b>2212 AIRPORT BLVD ALEXANDER CITY, AL 35010</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name <b>Tim Wellborn</b> Street Address (P.O. Box Number is Not Acceptable) <b>280 Gulf Shore Drive Unit 443</b> City <b>Destin</b> <b>FL</b> Zip Code <b>32541</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>Tim Wellborn CEO</b> <span style="float: right;">11/15/06</span> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$750.00</b> <b>After January 1, 2007, Fee will be \$900.00</b>							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>WELLBORN, TIMOTHY</b> STREET ADDRESS <b>2212 AIRPORT BLVD</b> CITY-ST-ZIP <b>ALEXANDER CITY, AL 35010</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>500081895115</b> STREET ADDRESS <b>11/17/06--01010--016</b> <b>**758.75</b> CITY-ST-ZIP			
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>HAYS, STEVEN</b> STREET ADDRESS <b>2212 AIRPORT BLVD</b> CITY-ST-ZIP <b>ALEXANDER CITY, AL 35010</b>				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							
<b>SIGNATURE:</b> <b>Tim Wellborn CEO</b> <span style="float: right;">11/15/06</span> <span style="float: right;">256-749-2426</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							