

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

16 OCT -11 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F06000003313

1. Corporation Name

CAROLINA POLE LELAND, INC.

2. Principal Office Address - No P.O. Box #

1901 WOOD TREATMENT ROAD

Suite, Apt. #, etc.

City & State

LELAND, NC

Zip

28451

Country

United States

3. Mailing Office Address

1901 WOOD TREATMENT ROAD

Suite, Apt. #, etc.

PO BOX 370

City & State

LELAND, NC

Zip

28451

Country

United States

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

05/05/2006

5. FEI Number

20-4717288

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-2525

600250939386

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Courtney Williams

Date

10.04.16

REGISTERED AGENT MUST SIGN

Asst. Vice President

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	MICHAEL T ROUSE	1901 WOOD TREATMENT ROAD	LELAND, NC 28451
VP and Sec	JAMES J HEALEY	1901 WOOD TREATMENT ROAD	LELAND, NC 28451
CEO	R MICHAEL JOHNSON	1901 WOOD TREATMENT ROAD	LELAND, NC 28451
Treas	MATT YAUN	1901 WOOD TREATMENT ROAD	LELAND, NC 28451
CFO	PHL TETTERTON	1901 WOOD TREATMENT ROAD	LELAND, NC 28451
Direct	R MICHAEL JOHNSON & W.B. COX JR.	1901 WOOD TREATMENT ROAD	LELAND, NC 28451

10. E-mail Address:

~~ptetterton~~ ptetterton@coxwood.com  
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 617.155, F.S.

SIGNATURE:

PHIL TETTERTON

10/4/16

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

K. ASHTON

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 318688 7544368

AUTHORIZATION :

COST LIMIT : \$1,050.00

ORDER DATE : October 4, 2016

ORDER TIME : 4:0 PM

ORDER NO. : 318688-015

CUSTOMER NO: 7544368

REINSTATEMENT

NAME: CAROLINA POLE LELAND, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
DEPARTMENT OF REVENUE  
16 OCT -4 PM 4:26

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