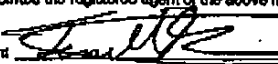


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

09 MAY 23 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		CR2E061 (12/07)	
DOCUMENT # F06000005686					
1. Corporation Name Tolleson Lumber Company, Inc.					
2. Principal Office Address - No P.O. Box # 903 JERNIGAN ST. Suite, Apt. #, etc.			3. Mailing Office Address 903 Jernigan St. Suite, Apt. #, etc.		
City & State Perry, GA			City & State Perry, Ga		
Zip 31069	Country USA	Zip 31069	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 8/31/2006	
5. FEI Number 580536463				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 CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation				☒ The reinstatement fee is imposed, 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 reinstatement fee be waived.	
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  Terrell Kearney Asst. Secretary REGISTERED AGENT MUST SIGN				Date 5/23/08	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PC	WOOD, W.J.	903 Jernigan St		Perry, GA 31069	
V	WOOD, TERRY T	903 Jernigan St		Perry, GA 31069	
D	MULHERIN, BESS T	903 Jernigan St		Perry, GA 31069	
D	MOORE, NANT	903 Jernigan St		Perry, GA 31069	
S	IRWIN, JOHN D	903 Jernigan St		Perry, GA 31069	
REINSTATEMENT					
10. I certify that I am an officer or director of the inactive or dissolved corporation and am providing 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 112, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: 				Date 5/23/2008	
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR				Date Daytime Phone #	

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

TOLLESON LUMBER COMPANY, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

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