PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
11 JUN -8 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F07000001577

1. Corporation Name
Wellborn Forest Products, Inc.

300197755573
03/14/11--01064--009 **750.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2212 Airport Blvd	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Alexander City, AL	City & State
Zip: 35010 / Country: USA	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/30/2006

5. FEI Number: 20-5872901 ☐ 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: National Corporate Research, LTD.

Street Address (P.O. Box Number is Not Acceptable): 515 East Park Avenue

Suite, Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

300197755573
06/08/11--01028--008 **158.75

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: Julie Watson Asst. Secretary
Julie Watson REGISTERED AGENT MUST SIGN

Date: 3/7/11

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
President	Charles Cooper	2212 Airport Blvd	Alexander City, AL 35010
VP of ACCT	Brent Crawford	2212 Airport Blvd	Alexander City, AL 35010
		B	6/9/11
	REINSTATEMENT	10-11	

10. E-mail Address: jthornton@wellbornforest.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.817.155, F.S.

SIGNATURE: BRENT CRAWFORD 2/23/11 (256)215-3331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #