

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
-FOR-
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000000111

1. Corporation Name

SOUTHERN PINE PLANTATIONS OF GEORGIA, INC.

Principal Place of Business

6304 PEAKE RD
MACON GA 31210
US

Mailing Address

6304 PEACKE RD
MACON GA 31210
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/07/1994

5. FEI Number

58-2033680

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	GRIFFITH, BENJAMIN W III	6304 PEAKE RD	MACON GA
V	PATTON, PAT	6304 PEAKE RD	MACON GA
S	KNAPP, KARMAN	6304 PEAKE RD	MACON GA

8. Name and Address of Current Registered Agent

SCHNIFKER, CLAY A
901 W. BASE ST.
MADISON FL 32340

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Clay A. Schnifker
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date Nov. 18, 2002

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., 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 under section 119.07(3)(i), 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.

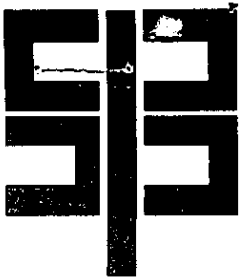
SIGNATURE:

Benjamin W. Griffith
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-20-03

Daytime Phone # 478-477-1000

CR2E040 (8/02)



**SOUTHERN
PINE
PLANTATIONS, INC.**

January 20, 2003

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Southern Pine Plantations of Georgia, Inc.

Enclosed please find our application for reinstatement and a copy of our check for the 2002 fee. Our 2002 annual renewal and our check were both mailed to the state of Florida in a timely manner. We are asking that the above referenced corporation be reinstated in the state of Florida for the 2002 year. If you have any questions please feel free to contact me at 478-405-4108. Thank you for your assistance.

Sincerely,

Karmen Knapp

Enclosure