

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

1997 JUN 26 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000004089

1. Corporation Name

PAN PACIFIC FOREST PRODUCTS

Principal Place of Business

146 2ND ST. N. # 204  
ST. PETERSBURG FL  
33701

Mailing Address

P.O. BOX 1507  
BEND ORE.  
97709

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

PAN PACIFIC FORESTS PRODS  
P.O. BOX 1507  
BEND OREGON  
97709 U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

8/23/95

5. FEI Number

93-0945429

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PRES.	RONALD A. HANSON	19800 VILLAGE OFFICE COURT	BEND, OR. 97709
			500002227545--2 -07/01/97--01045--011 ****915.00 ****915.00
SEC	RALPH E. HILLIER	4-6 MONROE PKWY.	LAKE OSWEGO OR 97035

REINSTATEMENT

8. Name and Address of Current Registered Agent

RANDY TRUE  
146 2ND ST N. # 204  
ST PETERSBURG FL  
33701

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.

Signature of  
Registered Agent

Randy True

REGISTERED AGENT MUST SIGN

Date

6/18/97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RANDY TRUE

6/18/97

813-823-1902

Date

Daytime Phone #

CR2E040 (12/96)