PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 NOV 17 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003653

1. Corporation Name

FULGHUM FIBRES FLORIDA, INC.

Principal Place of Business	Mailing Address
PO BOX 15395 AUGUSTA GA 30919-1395	PO BOX 15395 AUGUSTA GA 30919-1395

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 07/19/1996

5. FEI Number: 58-2366364 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ [redacted]

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	4 City / State / Zip
DC	FULGHUM, O T JR	190 E 7TH ST	LOUISVILLE GA 30434
DP	WELLS, H HEYWARD JR	190 E 7TH ST	LOUISVILLE GA 30434
ST	KING, JUDY A	190 E 7TH ST	LOUISVILLE GA 30434
V	HAUFF, ANTHONY M	190 E 7TH ST	LOUISVILLE GA 30434
V	GLASSBURNER, L PAUL	190 E 7TH ST	LOUISVILLE GA 30434
D	HARVEY, FRED K JR	190 E 7TH ST	LOUISVILLE GA 30434

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

200003060452--2
-12/03/99--01089--014
****758.75 ****758.75

CR2E040 (6/99)

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: PETER F. SOUZA ASSISTANT SECRETARY REQUIRED

REGISTERED AGENT MUST SIGN

Date: 11/15/99

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.

KE

SIGNATURE: Judy A. King Judy A. King REQUIRED 10-1-99 706-651-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #