




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<div style="display: flex; justify-content: space-around; align-items: center;"><div style="text-align: center;"><b>CORPORATION REINSTATEMENT</b></div><div></div><div style="text-align: center;"><b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS</div></div>		<div style="text-align: center; font-size: 2em; font-weight: bold;">FILED</div> <div style="text-align: center;">07 MAR -2 AM 9:48</div> <div style="text-align: center;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> <div style="text-align: center;">100091534601 03/07/07--01004--020 **1208.75</div>			
<b>DOCUMENT #</b> F97000005814					
<b>1. Corporation Name</b> L & L Cypress & Millwork Inc.					
<b>2. Principal Office Address - No P.O. Box #</b> PO Box 2096 Hwy 93S <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Office Address</b> PO Box 522 <small>Suite, Apt. #, etc.</small>			
<b>City &amp; State</b> Cairo Ga.		<b>City &amp; State</b> Cairo, Ga.			
<b>Zip</b> 39828	<b>Country</b> US	<b>Zip</b> 39828	<b>Country</b> US		
<b>4. Date Incorporated or Qualified To Do Business in Florida</b>					
<b>5. FEI Number</b> 58-2244550		<table border="1" style="width: 100%;"><tr><td style="width: 50%;"><b>Applied For</b></td></tr><tr><td><b>Not Applicable</b></td></tr></table>		<b>Applied For</b>	<b>Not Applicable</b>
<b>Applied For</b>					
<b>Not Applicable</b>					
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee required for a Certificate of Status</b>					
<b>7. Name and Address of Current Registered Agent</b>					
<b>Name</b> Jeff B Stickland					
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1574 Chadwick Way					
<b>Suite, Apt. #, Etc.</b>					
<b>City</b> Tallahassee		<b>State</b> FL	<b>Zip Code</b> 32312		
<b>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.</b>					
<b>Signature of Registered Agent</b> 		<b>Date</b> 3/1/07			
<b>REGISTERED AGENT MUST SIGN</b>					
<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>					
<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>		
Pres	Jeff Stickland	1574 Chadwick Way	Tall. Fl. 32312		
VP	Steve Stickland	1570 Chadwick Way	Tall. Fl. 32312		
Sec	Jeff Stickland	1574 Chadwick Way	Tall. Fl. 32312		
<b>10. 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 contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b>  <b>Jeff Stickland</b> <b>3/1/07</b> <b>229-378-4243</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					