2052

Florida Department of State

Division of Corporations

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To:
Division of Corporations
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CORPORATION REINSTATEMENT
MANER BUILDERS SUPPLY COMPANY

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1 of 2

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TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000002737

1. Corporation Name

MANER BUILDERS SUPPLY COMPANY

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3787 MARTINEZ BLVD.		PO BOX 204598	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
MARTINEZ, GA		AUGUSTA, GA	
Zip	Country	Zip	Country
30907	USA	30917-4598	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 05/25/1999

5. FEI Number: 27-5135875 — 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: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, etc.:

City: PLANTATION, State: FL Zip Code: 33324

REINSTATEMENT 09-2015

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: _____ Jordan Brown, Assistant Secretary, CT Corporation System Date: 04/13/2015

REGISTERED AGENT MUST SIGN

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	BROOME, JIM	852 LAKE ROYAL DR	GROVETOWN, GA 30813
Vice President	'REN, WILLIAM	4096 MULLIKIN RD	EVANS, GA 30809
Vice President	BIGHAM, JERRY	832 WILLOW LAKE DR	EVANS, GA 30809
Vice President	HARBIN, BERT	3071 WALTON WAY	AUGUSTA, GA 30909
Treasure	MCCRARY, ROBERT III	699 FOSTERS CT	EVANS, GA 30809
CFO	CHANDLER, F FRANK	3128 OXFORD RD	AUGUSTA, GA 30909

10. E-mail Address: fchandler@maner.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: _____ F. Frank Chandler, Chief Financial Officer 1-13-15 (706)434-2660

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

FL01c - 01/01/2013 Wolters Kluwer CCH Inc