

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAR 18 PM 1:35

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # H50825

1. Corporation Name

SOUTHWEST TIMBER CO., INC.

2. Principal Office Address

732 BLOUNTSTOWN HWY.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32304

Country

US

3. Mailing Office Address

P.O. BOX 2442

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

Zip

32316

Country

US

4. Date Incorporated or Qualified

To Do Business in Florida 04/05/1985

5. FEI Number

59-2527827

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

300030952103  
03/23/04--01118--002 \*\*1800.00

7. Name and Address of Current Registered Agent

Name

KEN CASHIN

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

732 BLOUNTSTOWN HWY.

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
FL

Zip Code  
32304

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

*Ken Cashin*

REGISTERED AGENT MUST SIGN

Date 3/18/04

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
P	LAWTON LANGFORD	P.O. BOX 2442	TALLAHASSEE, FL 32316
ST	KEN CASHIN	P.O. BOX 2442	TALLAHASSEE, FL 32316

**REINSTATEMENT** 93 04

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 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:

*Ken Cashin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/04

Date

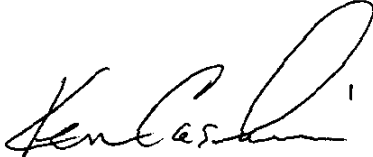
Daytime Phone #

CR2E081 (01/04)

March 18<sup>th</sup>, 2004

To Whom It May Concern:

I never received my notices to file for my yearly fees.

A handwritten signature in black ink, appearing to read "Ken Cashin". The signature is written in a cursive style with a large, looping initial "K".

Ken Cashin