

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 APR 14 AM 6:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H50825

1. Corporation Name

Southwest Timber Co., Inc

~~W 050279412~~

200123261442
04/14/08--01045--016 **450.00
REINSTATEMENT 06-08

2. Principal Office Address - No P.O. Box #

238 Water Street

Suite, Apt. #, etc.

Suite B

City & State

Apalachicola

Zip

32320

Country

USA

3. Mailing Office Address

PO Box 130

Suite, Apt. #, etc.

City & State

Apalachicola

Zip

32329-0130

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/05/85

5. FEI Number
592527827

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

George J Mahr

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

PO Box 130 238 Water Street

Suite, Apt. #, Etc.

Suite B

City

Apalachicola

State

FL

Zip Code

32320

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

George J Mahr

REGISTERED AGENT MUST SIGN

Date March 31, 2008

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
OD	George J. Mahr.	238 Water Street, Suite B	Apalachicola, Florida 32320
OD	Pamela A. Mahr	238 Water Street, Suite B	Apalachicola, Florida 32320

REINSTATEMENT 06-08 \$24/15

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.

SIGNATURE:

George J Mahr

George J. Mahr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 31, 2008

Date

850-899-3675

Daytime Phone #