PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
'97 NOV -4 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H61155**

1. Corporation Name

ELIXSON WOOD PRODUCTS, INCORPORATED

Principal Place of Business	Mailing Address
% KNNETH ELIXSON RTE 4, BOX 299 STARKE FL 32091	% KNNETH ELIXSON RTE 4, BOX 299 STARKE FL 32091

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

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: **06/10/1985**

5. FEI Number: **59-2556090** ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ **$8.75 Additional Fee required for a Certificate of Status**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DV	BRYANT, JAMES A	RT 4 BOX 299 NA	STARKE FL
DT	BRYANT, KARAN A	RT 4 BOX 299 NA	STARKE FL
DS	ELIXSON, DELORIS L.	RT 4 BOX 299 NA	STARKE FL
DV	ELIXSON, KEVIN	ROUTE 4 BOX 289	STARKE FL 32901

REINSTATEMENT '97
SCC 11-6-97

8. Name and Address of Current Registered Agent

ELIXSON, KENNETH
ROUTE 4, BOX 299
STARKE FL 32091

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

600002343626--8
-11/10/97--01170--027
****750.00 ****750.00

CR2E040 (8/97)

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: Kenneth Elixson — REGISTERED AGENT MUST SIGN — Date: October 31, 1997

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☒ No ☐ (See other side for information on intangible tax.)

12. 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: Kenneth Elixson Pres. — October 31, 1997 — (904)964-6645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Kenneth Elixson) — Date — Daytime Phone #