

OCT. 23, 2001 2:24 PM

Attn: Ann
thanks for your
help.

L0000000015991

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To: Division of Corporations
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01 OCT 23 PM 3:02
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TALLAHASSEE, FLORIDA

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LIMITED LIABILITY REINSTATEMENT

ERNEST TIMBER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$200.00

L00-15991

Electronic Filing Menu

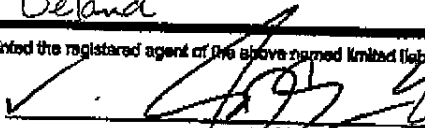
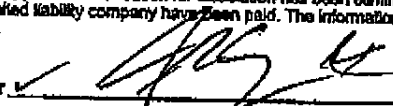
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OCT. 23. 2001 2:24PM

NO. 7012 P. 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED OCT 23 PM 3:02 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L 00000015991				
1. Limited Liability Company's Name Ernest Timber, LLC				
2. Principal Office Address 3441 Black Willow Trail Suite, Apt. #, etc. City & State Deland, FL Zip 32724 Country USA		3. Mailing Office Address 3441 Black Willow Trail Suite, Apt. #, etc. City & State Deland, FL Zip 32724 Country USA		
4. State/Country of Formation Florida		5. Date Organized or Qualified To Do Business in Florida		
6. FEI Number 262-82-1026		Applied For ☐ Not Applicable ☒		
7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status				
8. Name and Address of Current Registered Agent Name Albert D. Ernest III Street Address (P.O. Box Number is Not Acceptable) 3441 Black Willow Trail Suite, Apt. #, Etc. City Deland State FL Zip Code 32724				
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent  REGISTERED AGENT MUST SIGN Date 10-22-01				
10. Names and Street Addresses of Managing Members/Managers				
Titles Managing Member	Name of Managing Members/Managers Albert D. Ernest, III	Street Address of Each Managing Member/Manager 104 Kingfisher Drive Ponte Vedra Beach, FL 32082	City / State / Zip Ponte Vedra Beach Florida, 32082	
2000-01				
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 10-22-01 Daytime Phone # 904-280-5377 Typed or printed name of signing Managing Member/Manager Albert D. Ernest, III				

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