OCT. 23. 2001 2:24PM Allons

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Attn: Amy
Thanks for your help.

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
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From:
Account Name : RICHARD G. HATHAWAY, P.A.
Account Number : I19990000134
Phone : (904)280-5540
Fax Number : (904)280-5510

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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

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H0 OCT. 23. 2001 4 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

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TALLAHASSEE, FLORIDA

DOCUMENT # L 00000015991

1. Limited Liability Company's Name
Ernest Timber, LLC

2. Principal Office Address	3. Mailing Office Address
3441 Black Willow Trail	3441 Black Willow Trail
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland, FL	City & State: Deland, FL
Zip: 32724 Country: USA	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 608, F.S.
Signature of Registered Agent ✓ [signature] REGISTERED AGENT MUST SIGN Date 10-22-01

CR2E041 (9/00)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Managing Member	✓ Albert D. Ernest, III	✓ 104 Kingfisher Drive	✓ Ponte Vedra Beach Florida, 32082
		Ponte Vedra Bch, FL 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 608, 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 ✓ [signature] 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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