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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000890

Name and Mailing Address

0001096 01 AT 0.292 **AUTO T6 1 0615 32046-977375



DEEP SOUTH TIMBER, LLC
ROUTE 4, BOX 7675
HILLIARD FL 32046-9773



2. New Mailing Address P.O. Box 1319		4. State/Country of Formation FL	
City, State, Zip Hilliard, FL 32046		5. Date Organized or Qualified To Do Business in Florida 01/11/2002	
Principal Place of Business ROUTE 4, BOX 7675 HILLIARD FL 32046	3. New Principal Place of Business Address 15924 CR 108 City, State, Zip Hilliard, FL 32046	6. FEI Number 30-0016953	Applied For Not Applicable
8. Name and Address of Current Registered Agent BRANT, ABRAHAM, REITER & MCCORMICK, P.A. 50 NORTH LAURA STREET, SUITE 2750 JACKSONVILLE FL 32202		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable) 000024289280	
		City FL Zip Code 10/30/03--01051--006 **150.00	

CR2E084 (7/03)

10. 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 John D. McGinnis REGISTERED AGENT MUST SIGN Date 10/27/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JOHNS & CONNER, INC.	ROUTE 4, BOX 7675	HILLIARD FL 32046
MGRM	JOHNS, KEVIN	ROUTE 4, BOX 7675	HILLIARD FL 32046
MGRM	CONNER, GANNON	ROUTE 4, BOX 7675	HILLIARD FL 32046

REINSTATEMENT

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dca

12. 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 John D. McGinnis REGISTERED AGENT MUST SIGN Date 10/28/03 Daytime Phone # 904-845-4430

Typed or printed name of signing Managing Member/Manager JOHNS & CONNER INC. SEC.