


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| LIMITED LIABILITY COMPANY REINSTATEMENT |  FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # L020000 22008

1. Limited Liability Company's Name

Panhandle Wood Products, LLC

FILED
04 OCT 13 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

17586 NW CR 12

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 445

Suite, Apt. #, etc.

City & State

Bristol FL

City & State

Bristol FL

Zip

32321

Country

US

Zip

32321

Country

US

4. State/Country of Formation

FL US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

32-0032874

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

Jimmy L Glass

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

17586 NW CR 12

Suite, Apt. #, Etc.

City

Bristol

State

FL

Zip Code

32321

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

10/11/04

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 |
|------------|--------------------------------------|---|----------------------------|
| <u>MEM</u> | <u>Jimmy L Glass</u> | <u>17586 NW CR 12</u> | <u>Bristol, FL 32321</u> |
| <u>MEM</u> | <u>Ricky Glass</u> | <u>1623 Briggs Lane</u> | <u>Southport, FL 32409</u> |
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REINSTATEMENT 2004
10-13-04

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

10/11/04

Daytime Phone #

850-643-1145

Typed or printed name of signing Managing Member/Manager

Jimmy L. Glass

CR2E041 (10/02)