



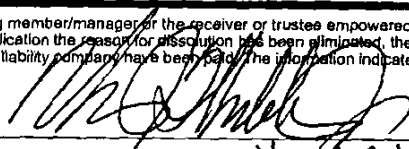
L04000053399

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 AUG -7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # L04000053399																							
1. Limited Liability Company's Name Century LAND and Lumber, LLC																							
2. Principal Office Address - No P.O. Box # 528 W. Garden Street Suite, Apt. #, etc. Suite 4 City & State Pensacola Zip 32502 Country USA		3. Mailing Office Address (same) Suite, Apt. #, etc. City & State FLORIDA Zip Country																					
8. Name and Address of Current Registered Agent Name Vincent J. Whibbs Jr. Street Address (P.O. Box Number is Not Acceptable) 1801 E. Jackson Street Suite, Apt. #, Etc. City Pensacola State FL Zip Code 32501		4. State/Country of Formation FLORIDA 5. Date Organized or Qualified To Do Business in Florida 7-19-2004 6. FEI Number 20-1380254 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.																					
9. I, being appointed the registered agent of these over named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  Date 7/30/07 REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Jim CRAFT MGRM</td> <td>5911 Starlike Lane N. Hbr, FL</td> <td>Milton Florida 32570</td> </tr> <tr> <td>VP</td> <td>Clyde Smith MGRM</td> <td>10300 HIGHWAY 87 N</td> <td>Milton Florida 32570</td> </tr> <tr> <td>S</td> <td>Vince Whibbs Jr MGRM</td> <td>1801 E. Jackson St. Pensacola Florida 32501</td> <td>Pensacola, Florida 32501</td> </tr> <tr> <td>T</td> <td>Hannon FAYARD MGRM</td> <td>6509 Sugar Pointe Court, Mobile, AL 36688</td> <td>Mobile, Alabama 36695</td> </tr> </tbody> </table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	P	Jim CRAFT MGRM	5911 Starlike Lane N. Hbr, FL	Milton Florida 32570	VP	Clyde Smith MGRM	10300 HIGHWAY 87 N	Milton Florida 32570	S	Vince Whibbs Jr MGRM	1801 E. Jackson St. Pensacola Florida 32501	Pensacola, Florida 32501	T	Hannon FAYARD MGRM	6509 Sugar Pointe Court, Mobile, AL 36688	Mobile, Alabama 36695
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REINSTATEMENT		2005-2007																					
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  Date 7/30/07 Daytime Phone # 850-712-6607 Typed or printed name of signing Managing Member/Manager Vincent J Whibbs, Jr																					



CORPORATION SERVICE COMPANY

L04000053399

RECEIVED

07 AUG -7 AM 8:46

ACCOUNT NO. : 072100000032

REFERENCE : 043526 7602261

AUTHORIZATION

COST LIMIT : \$250.00

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ORDER DATE : August 6, 2007

ORDER TIME : 5:06 PM

ORDER NO. : 043526-005

CUSTOMER NO: 7602261

BK

ANNUAL REPORT FILING

NAME: CENTURY LAND & LUMBER, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Debbie Skipper-EXT#2948

EXAMINER'S INITIALS: _____

FILED
07 AUG -7 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK