

APPROVED
AND
FILED

1997 MAR 21 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT # **195000000401**

CARRABELLE TIMBER RESOURCES, L.C.
POST OFFICE BOX 854
MARIANNA, FLORIDA 32447

1a. Principal Place of Business Address

4450 LAFAYETTE STREET
MARIANNA, FL 32446

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

05/24/95

3a. State of Formation

FLORIDA

4. FEI Number

59-3380611

☐ Applied For

☐ Not Applicable

5. Date of Last Report

1995

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☒

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

FRANK E. BONDURANT
4450 LAFAYETTE STREET
MARIANNA, FL 32446

Name

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

Suite, Apt. #, etc.

700002122647-0

-03/24/97-01201-001

City

***916.25 Zip Code ***916.25

FL

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

Frank E. Bondurant

Date 02/28/97

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

MGRM

Coral Resources, Inc.

15739 Professional Plaza

Hammond, LA 70403

MGRM

Emmett F. Hildreth, Jr.

Post Office Box 787

Atmore, Alabama 36504

MGRM

Robert D. Hatcher

2265 Roswell Road, Suite 305

Marietta, GA 30062

REINSTATEMENT

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

Emmett F. Hildreth, Jr.

Date 02/08/97

Daytime Phone # 334-368-5780

Typed or printed name of signing Managing Member/Manager

Emmett F. Hildreth, Jr.