

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED

03 JAN 17 PM 12:39

DOCUMENT #

1. Limited Liability Company's Name

Overstreet Timber Products, L.C.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500009757505
01/17/03--01040--006 **50.00

500009757505
12/31/02--01016--002 **250.00

2. Principal Office Address

3. Mailing Office Address

State Road 26

30 Box 231

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Trenton FL

Trenton FL

Zip

Country

Zip

Country

32693

6/1christ

32693

6/1christ

4. State/Country of Formation

USA FL 6/1christ

5. Date Organized or Qualified
To Do Business in Florida

1998

6. FEI Number

592548322

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

Louis Overstreet

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

Hwy 129 South

Suite, Apt. #, Etc.

City

Trenton

State

FL

Zip Code

32693

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

Louis Overstreet

Date 12/27/02

REGISTERED AGENT MUST SIGN

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

MGR Louis Overstreet

Hwy 129 South

Trenton FL 32693

MGR Judy Overstreet

Hwy 129 South

Trenton FL 32693

REINSTATEMENT 000002

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

Louis Overstreet

Date

Daytime Phone #

3524636476

Typed or printed name of signing Managing Member/Manager

Louis Overstreet

CR2E041 (9/01)