

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 28 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M03000001238

1. Limited Liability Company's Name

Blue Sky Timber Properties LLC

BK

2. Principal Office Address

400 Atlantic Street

Suite, Apt. #, etc.

City & State

Stamford, CT

Zip

06921

Country

USA

3. Mailing Office Address

400 Atlantic Street

Suite, Apt. #, etc.

City & State

Stamford, CT

Zip

06921

Country

USA

4. State/Country of Formation

Delaware/USA

**5. Date Organized or Qualified
To Do Business in Florida**

April 21, 2003

6. FEI Number

74-3083690

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/28/2004

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
Manager	International Paper Company	400 Atlantic Street	Stamford, CT 06921
& Preferre	Southland Timber Holdings LLC	400 Atlantic Street	Stamford, CT 06921

REINSTATEMENT 2004

BK 400042410024
11/20/04--01074--010 **155.00

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

Paula S. Bauer

Date 10/27/2004

Daytime Phone # 203 541-8578

Typed or printed name of signing Managing Member/Manager Paula S. Bauer Assistant Secretary International Paper Company