

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # M80920

1. Entity Name
LONG TIMBER & POLE, INC.



Principal Place of Business

% ALFRED L. LONG
1689 PENNY ROAD
COTTONDALE, FL 32431

Mailing Address

% ALFRED L. LONG
1689 PENNY ROAD
COTTONDALE, FL 32431

2. Principal Place of Business - No P.O. Box #

771 WEST BATEMAN AVE
Suite, Apt. #, etc.

3. Mailing Address

1689 PENNY ROAD
Suite, Apt. #, etc.

City & State

SLDCOMB ALABAMA

City & State

Cottondale Florida

Zip

36375

Country

Zip

32431

Country

4. FEI Number

59-2895169

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LONG, ALFRED L.
1689 PENNY RD.
COTTONDALE, FL 32431

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
LONG, ALFRED L.
1689 PENNY RD
COTTONDALE, FL 32431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700110813827
10/11/07--01006--020 **150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alfred L LONG

10/7/07

Date

334-886-3326

Daytime Phone #

FILED

07 OCT 11 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 07
10/11/07 CR2E098 (10/07)