

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 10 AM 9:49

DOCUMENT # *m93879*

1. Corporation Name

FOUR WINDS TIMBER COMPANY

100073504491
05/01/06--01055--009 **458.75

2. Principal Office Address
8087 Summit Ridge La.
Suite, Apt. #, etc.

3. Mailing Office Address
8087 Summit Ridge La.
Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

Zip
32256

Country
USA

Zip
32256

Country
USA

4. Date Incorporated or Qualified
To Do Business in Florida 8/11/1988

5. FEI Number
59-2912587

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Luis de Hechavarria, Jr.

Street Address (P.O. Box Number is Not Acceptable)
8087 Summit Ridge Lane

Suite, Apt. #, Etc.

City
Jacksonville

State
FL

Zip Code
32256

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Date 4/5/06

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Luis de Hechavarria	8229 Shade Tree Ct.	Jacksonville, FL 32 256
D	Joan N. de Hechavarria	8229 Shade Tree Ct.	Jacksonville, FL 32256
D	Luis de Hechavarria, Jr.	8087 Summit Ridge Lane	Jacksonville, FL 32256
D	Anne D. Scott	12691 SW 45 Street Road	Ocala, FL 34481
D	Susan H. Whelan	86 Centre Street	Dover, MA 02030
D	Paul de Hechavarria	12305 SW 38 Street	Ocala, FL 34481

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: *Luis de Hechavarria*
Luis de Hechavarria

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/5/06

904/641-8683
Daytime Phone #