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APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # Stringfellow Lumber Company, LLC 724 North 3rd Avenue Birmingham, Alabama 35203 <i>10/17/97</i>		1a. Principal Place of Business Address Same	
2. Principal Place of Business Same Suite, Apt. #, etc. City & State Zip		3. Date Organized or Qualified 06-21-96 4. FEI Number 63-1173598 5. Date of Last Report Never Filed	
3a. Mailing Address Same Suite, Apt. #, etc. City & State Zip		3b. State of Formation Delaware... ☐ Applied For ☐ Not Applicable 6. Certificate of Status Desired ☒	
7. Name and Address of Current Registered Agent CT Corporation System 1200 South Pine Island Road Plantation, FL 33324		8. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent <i>[Signature]</i> CONNIE BRYAN SPECIAL ASSISTANT SECRETARY Date <i>8/11/98</i>			
10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
	Jemison Investment Company, Inc. Jem-One, Inc. Rob Stevenson Harold Fletcher Don Fisher ADM - 500 AR - 200 ARSVAP 177.50 <u>877.50</u>	Park Place Tower Same 724 North 3rd Avenue Same Same	Birmingham, AL 35203 Birmingham, AL 35203 200002613302-3 -08/11/98--01074--017 ***930.00 ***877.50
REINSTATEMENT <i>1997-1998</i> <i>(B)</i>			
11. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, F.S. I further certify that when filing this reinstatement application the reason for disqualification has been eliminated, the limited liability company name satisfies the requirements of section 606, 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 <i>J.R.J. Stevenson</i> Date <i>7/13/98</i> Daytime Phone # <i>205-271-2400</i> Typed printed name of signing Managing Member/Manager: J.R.J. STEVERSON			

member
member
.P. and Sec.
resident
chairman