

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED
00 OCT 20 AM 11:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

MA9000000025

1. Limited Liability Company's Name

Rayonier Woodlands, LLC

REINSTATEMENT 2000

2. Principal Office Address

50 North Laura Street

Suite, Apt. #, etc.

19th Floor

City & State

Jacksonville, FL

Zip

32202

Country

USA

3. Mailing Office Address

50 North Laura Street

Suite, Apt. #, etc.

19th Floor

City & State

Jacksonville, FL

Zip

32202

Country

USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

10-14-1999

6. FEI Number

X

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

300003458113
-11/09/00--01020--006
****155.00 ****155.00

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

PETER F. SOUZA
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/18/00

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
MGRM	Rayonier Timberlands Management, Inc.	50 North Laura Street, 19th Floor	Jacksonville, FL 32202

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

Date 10/19/00

Daytime Phone # (904) 357-9179

Typed or printed name of signing Managing Member/Manager

W. Edwin Frazier, III, Secretary