PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED
02 JAN 17 AM 8:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

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

DOCUMENT # M99000001690

1. Limited Liability Company's Name
Rayland, LLC

REINSTATEMENT 2001/2002

2. Principal Office Address		**3.** Mailing Office Address	
50 N. Laura St.		50 N. Laura St.	
Suite, Apt. #, etc.		Suite. Apt.# etc.	
19th Floor		19th Floor	
City & State		City & State	
Jacksonville, FL		Jacksonville, FL	
Zip	Country	Zip	Country
32202	U.S.A.	32202	U.S.A.

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
10/22/99

6. FEI Number
06-1560877
☐ 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

600004795346--2
-01/24/02--01089--003
*****50.00 *****50.00

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite. Apt. #, Etc.

City	State	Zip Code
Plantation	FL	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 Bryers Date 1/17/02
REGISTERED AGENT MUST SIGN

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
MGR	Rayonier Timberlands Management, Inc.	50 N. Laura St., 19th Floor	Jacksonville, FL 32202
			600004795346--2
			-01/24/02--01089--004
			****150.00 ****150.00

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 it made under oath.

Signature of Managing Member/Manager _____ Date 2/16/02 Daytime Phone # 904-357-9100

Typed or printed name of signing Managing Member/Manager W. Edwin Frazier, III, Secretary, Rayonier Timberlands Management, Inc.