
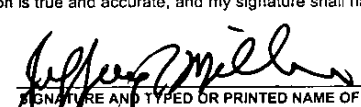


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 AUG 11 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA  600134597426 08/19/08--01024--007 **245.00  CR2E081 (12/07)	
DOCUMENT # 001000003801					
1. Corporation Name TREATED WOOD COUNCIL, INC.					
2. Principal Office Address - No P.O. Box # 1111 19 <sup>th</sup> ST. NW Suite, Apt. #, etc. STE. 800 City & State WASHINGTON DC Zip 20036 Country USA		3. Mailing Office Address (SAME) Suite, Apt. #, etc. City & State Zip Country			
4. Date Incorporated or Qualified To Do Business in Florida 8/14/01		5. FEI Number 59-3733840 Applied For Not Applicable			
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
7. Name and Address of Current Registered Agent Name John J. Kozak, Esquire Street Address (P.O. Box Number is Not Acceptable) 201 E. Kennedy Blvd. Suite, Apt. #, Etc. Suite 1700 City Tampa State FL Zip Code 35602					
<input checked="" type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.					
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 7/21/08 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		
	JEFFREY T. MILLER PRESIDENT	1111 19 <sup>th</sup> ST NW- STE. 800	WASHINGTON, DC 20036		
	BERT JONES CHAIRMAN	P.O. BOX 560	SIMSBORO, MA 01927		
	FURMAN BRODIE 1ST VP.	4930 PLANER RD	EFFINGHAM, SC 29541		
	BOB GRUBER 2ND VP.	1955 LAKE PARK DR.	SMYRNA, GA 30080		
REINSTATEMENT 05-08KS					
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: 		JEFFREY T. MILLER		202 - 463-2045	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	