

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

03 SEP 30 PM 2:24

DOCUMENT # P00000005808

1. Corporation Name

Creek Road Logging, Inc.

2. Principal Office Address

7810 Gasden Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

7810 Gasden Ave.

Suite, Apt. #, etc.

City & State

Southport, Florida

City & State

Southport, Florida

Zip

32409

Country

United States

Zip

32409

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida**

01/10/2000

5. FEI Number

593622328

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT

02-03

7. Name and Address of Current Registered Agent

Name

Ron Mowrey

Street Address (P.O. Box Number is Not Acceptable)

515 N. Adams Street

Suite, Apt. #, Etc.

City

Tallahassee

800023536728

10/03/03--01021--004 #908 75

State
FL

Zip Code
32301

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 09/25/03

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
P	Jimmy Glass	7810 Gasden Ave.	Southport, FL 32409
V	Estelle Glass	7810 Gasden Ave.	Southport, FL 32409

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)