

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 JUN 13 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000099484

1. Corporation Name

C & K Timber Co.

REINSTATEMENT 2006-11

2. Principal Office Address - No P.O. Box #

33316 Oakwood Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

33316 Oakwood Rd.

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

Zip

32720

Country

USA

Zip

32720

Country

USA

400208806764
06/13/11--01045--031 **1535.00
CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10-20-2000

5. FEI Number

59-3680295

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Jacob Cook

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

33316 Oakwood Rd.

Suite, Apt. #, Etc.

City

Deland

State

FL

Zip Code

32720

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

Jacob J. Cook

REGISTERED AGENT MUST SIGN

Date 06-06-2011

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
D	Crystal Cook	33316 Oakwood Rd.	Deland, FL 32720

10. E-mail Address: candktimber@dishmail.net

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Crystal Cook
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-06-2011 4074028748

Date

Daytime Phone #