

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

07 MAR 26 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P010000 51271

1. Corporation Name

Bruner Lumber Company, Inc

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

166 Sawmill Road

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Bruce, FL

City & State

Zip

32455

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

6/4/2001

5. FEI Number

59-3729945

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee for  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Adlee G. Bruner

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

166 Sawmill Rd

Suite, Apt. #, Etc.

City

Bruce

State

FL

Zip Code

32455

☐ 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 607.0506 or 617.0503, F.S.

Signature of  
Registered Agent

Adlee G. Bruner

Date

3-21-07

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
Pres	Adlee G. Bruner	166 Sawmill Rd	Bruce FL 32455

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:

Adlee G. Bruner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-07

Date

850.835.4833

Daytime Phone #