

**2005 FOR-PROFIT CORPORATION
REINSTATEMENT****FILED**

2005 OCT 24 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000018758					
1. Entity Name INTERSTATE WHOLESALE LUMBER EXCHANGE, INC.					
Principal Place of Business 297 NELMS RD. FAYETTEVILLE, GA 30215			Mailing Address 297 NELMS RD FAYETTEVILLE, GA 30215		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 03-0402718	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable ☐	
6. Name and Address of Current Registered Agent CHILDRESS, RONALD C 2607 GREY TWIG LANE FT PIERCE, FL 34981				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of, registered agent.					
SIGNATURE <u>Ronald C. Childress</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>10-17-05</u>					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD CHILDRESS, RONALD C 297 NELMS RD FAYETTEVILLE, GA 30215	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	S CHILDRESS, BRIAN K 220 OLD PLANTATION WAY FAYETTEVILLE, GA 30215	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	300060922063 10/25/05--01056--004 **150.00
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Ronald C. Childress</u> DATE <u>10-17-05</u>					

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