


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 08 MAY 29 AM 9:22	
DOCUMENT # <u>P02000035697</u>					
1. Corporation Name ELIXSON LUMBER CO., INC.					
2. Principal Office Address - No P.O. Box # 4874 SR 238 Suite, Apt. #, etc.		3. Mailing Office Address 4874 SR 238 Suite, Apt. #, etc.		500130898545 06/05/08--01013--016 **266.25 <u>03/28/08 01040 002</u> CR2E081 (12/07) <u>\$342.50</u>	
City & State Lake Butler, FL		City & State Lake Butler, FL			
Zip 32054	Country USA	Zip 32054	Country USA		
4. Date Incorporated or Qualified To Do Business in Florida 03/27/2002					
5. FEI Number 02-0578406				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name CLIFFORD J. ELIXSON					
Street Address (P.O. Box Number is Not Acceptable) 7686 West CR 18					
Suite, Apt. #, Etc.					
City LAKE BUTLER		State FL	Zip Code 32054		
<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 <u>Clifford J. Elixson</u>				Date <u>3/24/08</u>	
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	
PD	CLIFFORD J. ELIXSON	7686 West CR 18		Lake Butler, FL	
SD	WILLENE L. ELIXSON	7686 West CR 18		Lake Butler, FL	
REINSTATEMENT 05-08 <u>B 6/2/08</u>					
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: <u>Clifford J. Elixson</u>				Date <u>3/24/08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	