

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000015030

1. Entity Name
J&J TIMBER, INC.



Principal Place of Business
**17900 SORRELLS DR
FOUNTAIN, FL 32438**

Mailing Address
**17900 SORRELLS DR
FOUNTAIN, FL 32438**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent
**GLASS, JESSIE LEE
17900 SORRELLS DR
FOUNTAIN, FL 32438**

FILED
07 OCT 23 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

4. FEI Number
02-0672083

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

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 *Jessie Glass* **Jessie Glass** 10-19-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00
After January 1, 2008, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLASS, JESSIE LEE 17900 SORRELLS DR FOUNTAIN, FL 32438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000111221850 10/23/07--01043--005 **8.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HADDOCK, TONJA K 17900 SORRELLS DR FOUNTAIN, FL 32438 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000111221850 10/23/07--01043--005 **750.00
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Tonja K. Haddock* **Tonja K. Haddock (Sec)** 10-19-07 (850) 7224870
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #