

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 JAN -9 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031636

1. Corporation Name *Overstreet Logging Inc*

REINSTATEMENT

200009990842
01/09/03--01050--011 **1050.00

2. Principal Office Address

Hwy 129 South

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 257

Suite, Apt. #, etc.

City & State

Trenton FL 32693

City & State

Trenton FL

Zip

32693

Country

6:1christ

Zip

32693

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1993

5. FEI Number

593177645

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

Louis T Overstreet

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

Hwy 129 South

Suite, Apt. #, Etc.

City

Trenton

State
FL

Zip Code

32693

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

Louis T Overstreet

REGISTERED AGENT MUST SIGN

Date *1-7-03*

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
P	Louis T Overstreet	Hwy 129 South	Trenton FL 32693
V	Judith E Overstreet	Hwy 129 South	Trenton FL 32693
T/S	Robin O Perryman	Hwy 26	Trenton FL 32693

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 under section 119.07(3)(i), 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:

Louis T Overstreet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/12/03
Date

2524636476
Daytime Phone #

CR2E081 (9/01)