

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 NOV -4 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000051772

1. Corporation Name  
FOREST PRODUCTS, INC.

Principal Place of Business -11924 COUNTY ROAD- LIVE OAK FL 32060	Mailing Address -11924 COUNTY ROAD- LIVE OAK FL 32060
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REINSTATEMENT 99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 11924 County Road 132 Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 11924 County Road 132 Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 07/19/1993 <b>SP</b>
City & State Live Oak, FL	City & State Live Oak, FL	5. FEI Number 59-3194995 Applied For Not Applicable
Zip 32060	Country Suwannee	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	CRAPPS, DAVID M	11924 COUNTY ROAD	LIVE OAK FL 32060
S	CRAPPS, VIRGINIA S	11924 COUNTY ROAD	LIVE OAK FL 32060
P	Crapps, David M.	11924 County Road 132	Live Oak, FL 32060
S	Crapps, Virginia S.	11924 County Road 132	Live Oak, FL 32060
			500003046455--1 -11/16/99--01103--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent CRAPPS, DAVID M 11924 COUNTY ROAD LIVE OAK FL 32060	9. Name and Address of New Registered Agent Name Crapps, Virginia S. Street Address (P.O. Box Number is Not Acceptable) 11924 County Road 132 Suite, Apt. #, Etc. City Live Oak State FL Zip Code 32060
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
Signature of Registered Agent Virginia S. Crapps Date November 3, 1999  
REGISTERED AGENT MUST SIGN

11. 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: Virginia S. Crapps November 3, 1999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CS22040 (8/99)