

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P93000051772**

1. Corporation Name

FOREST PRODUCTS, INC.

FILED

99 NOV -4 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

~~11924 COUNTY ROAD~~
LIVE OAK FL 32060

~~11924 COUNTY ROAD~~
LIVE OAK FL 32060

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

3. New Mailing Office Address, If Applicable
11924 County Road 132

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Live Oak, FL

City & State

Live Oak, FL

Zip

32060

Country

Suwannee

Zip

32060

Country

Suwannee

REINSTATEMENT **99**

4. Date Incorporated or Qualified
To Do Business in Florida

07/19/1993

SP

5. FEI Number

59-3194995

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	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
			800003046455--1 -11/16/99--01103--008 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CRAPPS, DAVID M
11924 COUNTY ROAD
LIVE OAK FL 32060

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

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
Virginia S. Crapps, Secretary

November 3, 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CS22040 (8/99)