

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 JUN 16 AM 10:48

DOCUMENT # P93000081939

1. Corporation Name

Flagler Forest Products, Inc.

2. Principal Office Address

99 Flagler Regional Plaza
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 518
Suite, Apt. #, etc.

REINSTATEMENT 98-00

City & State

Flagler Beach FL

City & State

Bunnell FL

4. Date Incorporated or Qualified
To Do Business in Florida

11-30-1993

5. FEI Number

59-3211947

Applied For

Not Applicable

Zip

Country

32136 USA

Zip

Country

32110 USA

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

C. Scott Crews

800003325678-7

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

99 Flagler Regional Plaza Dr.

-07/18/00-01008-001

***1050.00 ***1050.00

Suite, Apt. #, Etc.

Multi-check

800003325678-7

-07/18/00-01008-002

1050.75 **1.75

City

Palm

State

FL

Zip Code

32137

8. I, being appointed the registered agent,

Signature of Registered Agent

I am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

REGISTERED AGENT MUST SIGN

Date 6-12-00

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
Pres.	C. Scott Crews	5503 John Anderson Hwy	Flagler Beach, FL 32136
V. Pres	Matthew Crews	79 Eric Drive	Palm Coast, FL 32164
Director	Joshua Crews	2042 S. Oceanshore Blvd.	Flagler Beach, FL 32136

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-12-00 (904) 439-5010

Date

Daytime Phone #

CR2E081 (9/99)