

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
 '96 Annual Report
 REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **PA5-3342**

1. Corporation Name

Wakulla Lumber & Truss, Inc.

Principal Place of Business

**4379 Crawfordville Hwy
 Crawfordville, FL 32327**

Mailing Address

**P.O. Box 640
 Crawfordville, FL 32326**

**500001937555
 -09/03/96--01019--020
 ****200.00 ****200.00**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc

City & State

Zip

Country

3. New Mailing Address, If Applicable

P.O. Box 640

Suite, Apt. #, etc

City & State

Zip

Country

**Crawfordville, FL
 32326 US**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number

59-3288991

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
Pres.	Don Mullis	P.O. Box 1252 NA	Crawfordville, FL 32326
V-Pres.	Beverly Council	P.O. Box 996 NA	Crawfordville, FL 32326

(Reinstatement Fee Waived Due to Clerical Error on 7-25-95)
 SCC 9-3-96

8. Name and Address of Current Registered Agent

**Beverly Council
~~P.O. Box 996~~ 4379 Crawfordville Hwy,
 Crawfordville, FL 32326**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Beverly Council
 REGISTERED AGENT MUST SIGN

Date

9/3/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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:

Beverly Council
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/3/96
 Date

926-8919
 Daytime Phone #

CR2E040 (12/95)