

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 23 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000025351

1. Corporation Name

LUMBER DEALERS, INC.

Principal Place of Business

HWY 100 EAST
LAKE CITY FL 32024
US

Mailing Address

PO BOX 1360
LAKE CITY FL 32056
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3369879

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	SIBBERNSEN, PAT	RT 12 BOX 9-D	LAKE CITY FL 32025
D	GRIFFIN, KIM	2109 WESLEY CHAPEL RD	PAVO GA 31778
VP	ZEIGLER, GENE	P.O. BOX 1360	LAKE CITY FL 32056

200008544042
10/23/02 01041 003 **150.00

8. Name and Address of Current Registered Agent

SIBBERNSEN, PAT
RT 12 BOX 4-H
LAKE CITY FL 32025

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/21/02

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)



LUMBER DEALERS, INC.

P. O. BOX 1360 • LAKE CITY, FLORIDA 32056-1360

October 21, 2002

Florida Department of State
Division of Corporations
P.O. Box 6237
Tallahassee, FL 32314-6327

To Whom it may concern:

I am writing this letter to inform you that we had not received the prior two notices this year for our corporate filing fee. I am asking for a waiver on the late fee and have enclosed a check for \$ 150.00 for current year filing fee and a completed UBR form.

We appreciate your assistance in this matter.

Sincerely,

Patrick B. Sibbernson
President

RECEIVED
BUREAU OF REVENUE