

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
02 APR -8 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

Nocatee Timber Company, Inc.
P96000097081

2. Principal Office Address

7006 Atlantic Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32211-8706

Country

U.S.A.

3. Mailing Office Address

7006 Atlantic Blvd.

Suite, Apt. #, etc.

City & State

Jacksonville, Florida

Zip

32211-8706

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-25-96

5. FEI Number

593415953

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Louis Everett

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

7006 Atlantic Blvd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211-8706

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Louis Everett

REGISTERED AGENT MUST SIGN

Date 3-28-02

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
PV	Louis Everett	7006 Atlantic Blvd.	Jacksonville, FL 32211
V	William F. Caulkins, Sr.	7006 Atlantic Blvd.	Jacksonville, FL 32211
ST	Harlo G. Everett, Jr.	7006 Atlantic Blvd.	Jacksonville, FL 32211

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

Louis Everett

Louis Everett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-28-02 904-504-1440

Date

Daytime Phone #

CR2E081 (9/01)