PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Page 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 DEC 17 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000052464

09/02/04 90076 089 150.00

1. Corporation Name

Timber Contractors Trucking INC.

2. Principal Office Address	**3.** Mailing Office Address
2700 Parker Rd. Cantonment	2700 Parker Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cantonment Fl.	City & State: Cantonment Fl.
Zip: 32533 Country: USC	Zip: 32533 Country: USC

4. Date Incorporated or Qualified To Do Business in Florida: June 1997

5. FEI Number: 59-3451952 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jodi Parker

800043482748
12/17/04--01006--019 **450.00

Street Address (P.O. Box Number is Not Acceptable): 2700 Parker Rd.

Suite, Apt. #, Etc.:

City: Cantonment | State: FL | Zip Code: 32533

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: Jodi Parker Date: 12-14-04

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
VP Pro	Jodi Parker	2700 Parker Rd.	Cantonment FL 32533
Sec Tre			

REINSTATEMENT 02-04

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: Jodi Parker 12-14-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[redacted]

I did not receive the Annual report for 2002 – 2004 For this Corp. and ask that the plenty be resolved.

Thank you
Joel Rubio