


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

CORPORATION 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>PA7000004800</i>			
1. Corporation Name <i>Griffis Timber Inc.</i> <i>PO Box 8</i> <i>Sanderson Fl. 32084</i>			
2. Principal Office Address <i>Hwy 127 North</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>PO Box 8</i> Suite, Apt. #, etc.	
City & State <i>Sanderson FL</i>		City & State <i>Sanderson FL</i>	
Zip <i>32084</i>	Country <i>Baker</i>	Zip <i>32084</i>	Country <i>Baker</i>

FILED
 00 DEC 18 AM 10:11
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida <i>July 1997</i>	
5. FEI Number <i>59-3459833</i>	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name <i>Penny E. Croft</i>	<i>400003516424-9</i> <i>12/29/00-01004-008</i> <i>****150.00 ****150.00</i>
Street Address (P.O. Box Number is Not Acceptable) <i>Hwy 127 North</i>	
Suite, Apt. #, Etc.	
City <i>Sanderson</i>	State <i>FL</i> Zip Code <i>32084</i>

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 <i>Penny E. Croft</i>	Date <i>11-13-00</i>
REGISTERED AGENT MUST SIGN	

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
<i>President</i>	<i>Penny E. Croft</i>	<i>P.O. Box 250</i>	<i>Sanderson Fl. 32084</i>
<i>V. President</i>	<i>William K. Griffis</i>	<i>Rt 1 Box 851</i>	<i>Sanderson Fl. 32084</i>
<i>Treasurer</i>	<i>Ray Griffis</i>	<i>Rt 1 Box 852</i>	<i>Sanderson Fl. 32084</i>

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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: <i>Penny E. Croft President</i>	Date <i>11-13-00</i>	Daytime Phone # <i>904-275-2372</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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Griffis Timber Inc.

PO Box 8
Sanderson, Fl. 32087
904-275-2372 Office
904-275-3061 Fax

FEI # 59-3459833

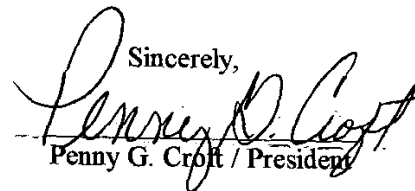
10/2/00

Division of Corporations
PO Box 6327
Tallahassee, Fl. 32314

Reference : 2000 Uniform Business Report Form.

On Sept. 29, 2000 I meet with Clay Lyons my CPA to review all my Fillings. He stated that I did not have my Corporation Form . I explained, I had not received it. Would you please mail me a Form to the above address, so I can complete it and return it as soon as possible.

Sincerely,


Penny G. Croft / President