


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM!

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris, Secretary of State DIVISION OF CORPORATIONS	FILED 02 MAR 11 PM 3:08 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # P97000064800			
1. Corporation Name Griffis Timber Inc.			
2. Principal Office Address 127 North		3. Mailing Office Address 127 North	
Suite, Apt. #, etc. 11625 Willie Griffiths Rd.		Suite, Apt. #, etc. 11625 Willie Griffiths Rd.	
City & State Sanderson Fl.		City & State Sanderson Fl.	
Zip 32087	Country Baker	Zip 32087	Country Baker
4. Date Incorporated or Qualified To Do Business in Florida July 21, 1997		5. FEI Number 59-3459833	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Name and Address of Current Registered Agent			
Name PENNY E. CROFT		900005181048--8	
Street Address (P.O. Box Number is Not Acceptable) 11625 Willie Griffiths Road.		04/01/02-01095-018	
Suite, Apt. #, Etc.		***900.00 ***900.00	
City Sanderson		State FL	Zip Code 32087
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 Penny E. Croft		Date 2-4-02	
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
P	PENNY E. CROFT	127N. PO Box 250	Sanderson Fl. 32087
V.P.	William Keith Griffiths	127N Rt 1 Box 851	Sanderson Fl. 32087
T	Ray Griffiths	127N Rt 1 Box 852	Sanderson Fl. 32087
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: Penny E. Croft President		Date 2-4-02	Daytime Phone # 904 275 2372

CR2E081 (9/01)