2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P9700088910 1. Entity Name			FILED
HYGRADE TIMBER COMPANY, INC.			05 JAN -5 AN 10:03
Principal Place of Business	Mailing Address		SECRETANT OF STATE
C/O MICHAEL B. LEWIS SR.	PO BOX 91022		, 7 TALLAHASSEE, FLORIDA
537 HUNTER'S RUN BLVD.	LAKELAND, FL 33804		
LAKELAND, FL 33809			
2. Principal Place of Business	3. Mailing Address		
_Suite, Apt. #, etc	Suite, Apt. #, etc.		REMERATING TO -05
City & State	City & State	 .	4. FEI Number FO 2478902
Zip Country	Zip	Country	59-3478892 Not Applicable 5. Certificate of Status Desired \$8.75 Additional
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent
		Name	A Helio are Address of Not Hogister of Agent
LEWIS, MICHAEL B.SR		Street Address (P.O. Box Number is Not Acceptable)	
537 HUNTER'S RUN BLVD. LAKELAND, FL 33809		Sileet Address	(r.o. bux Number is Nut Acceptable)
	α	City	Zip Code
	h //		
8. The above named critity submitts his statement of the durpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE VILLAMINA	" Lun		12-29-04
SIGNATURE signature, typod or printed name of registered agen	I and title if applicable. (NDTE;	: Registered Agent signature requ	······································
FILE NOW!!! FEE IS \$750.00			
After January 1, 2005, Fee will be \$900.			
110. OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME LEWIS, MICHAEL B SR.	☐ Delete	TITLE	. Change Addition
STREET ADDRESS 537 HUNTER'S RUN BLVD		STREET ADORESS	
CITY-ST-ZIP LAKELAND, FL 33809		CITY-ST-ZIP	
TITLE D	· Delete	TITLE	900044044729 01/05/0501010011 **900.00
NAME LEWIS, MICHAEL B JR. STREET ADDRESS 537 HUNTER'S RUN BLVD		NAME STREET ADDRESS	01/05/0501010011 **900.00
CITY-ST-ZIP LAKELAND, FL 33509		CITY-ST-ZIP	01/05/65 01010 01014-4500,00
TITLE D	☐ Delete	TITLE	Change Addition
NAME LEWIS, CARRIE O		NAME	
STREET ADDRESS 537 HUNTER'S RUN BLVD CITY-ST-ZIP + LAKELAND, FL 33809		STREET ADDRESS CITY-ST-ZIP	
TITLE	- Delete	TITLE	Change [] 'Addition
NAME	La Delate	NAME	· ·
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	CITY-ST-ZIP	
TITLE NAME	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS	•	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Defete	TITLE	Change Addition
NAME STREET ADDRESS	•	NAME STREET ADDRESS	
City-St-ZiP	Λ	CITY-ST-ZJP	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and occurate and that my signature shall have the same legal-effect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like employered.			
of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if			
SIGNATURE: MANUTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Displace Phone #			
Usignme Phone #			