

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 26 AM 9:25

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000088910

1. Corporation Name  
Hygrade Timber Company Inc.

200121352892  
03/26/08--01037--003 \*\*150.00

B 3/27/08  
**REINSTATEMENT** 06-08  
01/30/08 01033 007 \$300.00

2. Principal Office Address - No P.O. Box #  
537 Hunter's Run Blvd

3. Mailing Office Address  
P O Box 353

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Lakeland FL

City & State  
Sumterville FL

Zip  
33809

Country  
US

Zip  
33585

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida 10/13/97

5. FEI Number  
593478892

☐ 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  
Michael B. Lewis Sr.

Street Address (P.O. Box Number is Not Acceptable)  
537 Hunter's Run Blvd

Suite, Apt. #, Etc.

City  
Lakeland

State  
FL

Zip Code  
33809

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

Date

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
D	Michael B. Lewis Sr.	537 Hunter's Run Blvd	Lakeland FL 33809
D	Michael B. Lewis Jr.	537 Hunter's Run Blvd	Lakeland FL 33809
D	Carrie O. Lewis	537 Hunter's Run Blvd	Lakeland FL 33809

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 contained in Chapter 119, 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:

*Michael B. Lewis Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Michael B. Lewis Jr.

1/25/08  
Date

(352) 464-1025  
Daytime Phone #

mailed 1/25/08