

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 AUG 24 AM 10:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P97000097064**

1. Corporation Name

CIRCLE C LUMBER INC.

2. Principal Office Address

2727 PARRISH RD.

Suite, Apt. #, etc.

City & State

COCOA, FL

Zip

32926

Country

USA

3. Mailing Office Address

P.O. 560615

Suite, Apt. #, etc.

City & State

ROCKLEDGE, FL

Zip

32956

Country

USA

REINSTATEMENT

08-18

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/97

5. FEI Number

59-3476779

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

CHILTON FULMER III

Street Address (P.O. Box Number is Not Acceptable)

2727 PARRISH RD

Suite, Apt. #, Etc.

City

COCOA

State

FL

Zip Code

32926

500003379765-0

03/01/00-01028-006

*****1050.00 ***1050.00**

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

Chilton Fulmer III

Date

08/22/00

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
PSD	CHILTON FULMER III	2727 PARRISH RD	COCOA, FL 32926

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:

Chilton Fulmer III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

08/22/00 321-639-2866

Daytime Phone #

KE