## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.





## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

|  |  |   |   | FILED  |  |
|--|--|---|---|--|--|
| DOCUMENT # 797000109180  |  |   |   |  |  |
| 1. Corporation Name W.F. Timber, Inc.  |  |   | 02 MAR 27 PH 3: 58                            |  |  |
| , , ,  | TITIOCI ) TIC  | •   | <u>(</u>                                      | SECRETARY OF STA<br>ALLAHASSEE, FLOR                                   | TE _   |
|  |  |   |   | ALLAHASSEE, FLOR   | 12 R   |
|  |  | •   |   | \  |  |
| 2. Principal Office Address  | 3. Mailing Office Address  | 3   | 1   | Ο (<br>()  | $\Gamma \cap \Gamma$                               |
| 160-A HWY 20.  | 127 Tom L  | ewis Rcl.   |   | ( <sup>(</sup> )   | 1-02   |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |   | <u> </u>                                      |  | <u>.</u>   |
| City & State   | City & State   |   |   | porated or Qualified<br>iness in Florida                               |  |
| RilatVa EL   | Dalatha E  | -k  | 5. FEI Numbe                                  |  | Applied For  |
| Zip Country  | Zip Zip  | Country   | 59-   | 3502850  | Not Applicable                                     |
| 32177 Putnam   | 32177  | Putnam  | CERTIFICATE                                   | OF STATUS DESIRED S8.75  | Additional Fee required<br>a Certificate of Status |
|  | 7. Name and Ad   | kiress of Current Register                                      | ed Agent                                      |  |  |
| Name USa 1   | m. Poorls  | <i>o</i> <  | <u></u>                                       |  |  |
| Street Address (P.O. Box Number is No  |  | D   |   | 9 <del>9-25 25 25 25 25 25 25 25 25 25 25 25 25 2</del>                | <del>3531</del> -5<br>115114                       |
| Suite, Apt. #, Etc.  | om Lewis   | Kol.  |   | ****308.75   | *****30 <b>8</b> .75                               |
|  |  |   |   | ·  |  |
| Palatka  |  | •   | •   | State Zip Code 32/77   | 7  |
| 8. I, being appointed the registered agent of the above  | re named corporation, am fai                                     | miliar with and accept the ob                                   | oligations of section                         | on 607.0505 or 617.0503, F.S.  |  |
| Signature of Registered Agent Supa M   | Loolu  |   |   | Date 3-22-0  | 2  |
|  | GISTERED AGENT MUST S  | BIGN  |   | Date D - D   |  |
| 9. Names and Street Addresses of Each Officer and  | or Director (Florida nonprofi                                    | t corporations must list at lea                                 | est 3 directors)                              |  |  |
| Titles Name of Officers and/or Directors   |  | Street Address of Each<br>Officer and/or Director               |   | City / State   | / Zip  |
| P. W. Forrest P  | eeples 121   | 127 Tom Lewis Pol.  |   | Palatka, FL 32177  |  |
| VP Lisa M. Per   | 00/00 127  | Tom Lewis   | R   | Palatla, Fo  | 1 37/77  |
|  | p, c 5 / 7 / 7   | 1011, 200.5   | . 22 /  | 1414/14/10   | 2011   |
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|  |  |   |   |  |  |
|  | I  |   |   |  |  |
|  |  |   |   |  |  |
| 10. I certify that I am an officer or director or the recent this reinstatement application, the reason for disso  | itution has been eliminated, ti                                  | ne comorate name satisfies t                                    | the requirements                              | of section 607 0401 or 617 0401  | 1 F C that all food                                |
| 10. I certify that I am an officer or director or the recent this reinstatement application, the reason for dissourced by the corporation have been paid and the non this application is true and accurate, and my significant | itution has been eliminated, ti<br>ames of individuals listed on | he corporate name satisfies t<br>this form do not qualify for a | the requirements<br>a exemption unde          | of section 607 0401 or 617 0401  | 1 FC that all food                                 |
| this reinstatement application, the reason for disso<br>owed by the corporation have been paid and the n   | itution has been eliminated, ti<br>ames of individuals listed on | he corporate name satisfies t<br>this form do not qualify for a | the requirements<br>n exemption unde<br>oath. | of section 607.0401 or 617.0401<br>er section 119.07(3)(i), F.S. The i | 1 FC that all food                                 |

W.F. Timber, Inc. 127 Tom Lewis Road Palatka, Fl 32177

Ph: (386) 329-9840 Fax: (386) 329-9062

March 22, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern:

While trying to process some financial transactions for our Corporation, I was made aware today that you are showing that we are an Inactive Corporation. I was not aware that there was a problem with our filing.

I called your office and it was confirmed that you do not show that our Uniform Business Report was filed for 2001. Your representative pulled up our information and I asked him to please verify the address you have on your records. The address he gave me was Rt. 4, Box 1563, Palatka, FL 32177. The Postal Service changed our address to our 911 address over a year ago. I wrongly assumed that due to the fact that our address was corrected on our quarterly State reports that all State records would be updated, therefore, I never received my 2001 report.

As per your representatives instructions, I have enclosed a check in the amount of \$300.00 for the reinstatement fee due. I am also enclosing the additional fee of \$8.75 for a Certificate of Status. If there is any way this Certificate could be faxed to me, I would be exteremely greatful and more that happy to pay any additional fees. This problem is holding up an extremely important business matter that I need to have taken care of . I appreciate your help in getting this cleared up as soon as possible.

If you have any questions or require more information, please do not hesitate to call me at (386)329-9840.

Sincerely,

Lisa M. Peeples V. President

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