

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000109180

1. Corporation Name

W.F. TIMBER, INC

2. Principal Office Address - No P.O. Box #

127 TOM LEWIS ROAD

Suite, Apt. #, etc.

City & State

PALATKA, FL

Zip

32177

Country

PUTNAM

3. Mailing Office Address

127 TOM LEWIS ROAD

Suite, Apt. #, etc.

City & State

PALATKA, FL

Zip

32177

Country

PUTNAM

REINSTATEMENT 03-09

4. Date Incorporated or Qualified
To Do Business in Florida 12/31/1997

5. FEI Number
59-3502850

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
LISA M PEEPLES

Street Address (P.O. Box Number is Not Acceptable)
127 TOM LEWIS ROAD

Suite, Apt. #, Etc.

City
PALATKA

State
FL

Zip Code
32177

☐ 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

Lisa M. Peeples
REGISTERED AGENT MUST SIGN

Date 10/16/2009

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	W. FORREST PEEPLES FORREST W PEEPLES	127 TOM LEWIS ROAD	PALATKA, FL 32177
VP	LISA PEEPLES	127 TOM LEWIS ROAD	PALATKA, FL 32177

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:

Lisa M. Peeples
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lisa M. Peeples

Date

10/16/09

Daytime Phone #

(886) 937-0630