

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 19 AM 10:25

DOCUMENT # P98000016024

1. Corporation Name

SOUTHERN TIMBER STRUCTURES, INC.

Principal Place of Business

Mailing Address

537 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801

537 NORTH MAGNOLIA AVENUE
ORLANDO FL 32801

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/16/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3494100	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	ANDREWS, ROBERT	1320 EAST WOODLAND ST.	ORLANDO FL 32806
D	ANDREWS, PAMELA	1320 EAST WOODLAND ST.	ORLANDO FL 32806
			900003029819--5 -11/01/99--01004--012 ****750.00 ****750.00
			JR/10/26

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
TUKDARIAN & UNCAPHER, P.A. 1320 EAST WOODLAND STREET ORLANDO FL 32806		Name Street Address (P.O. Box Number is Not Acceptable) 537 N. Magnolia Ave Suite, Apt. #, Etc. City Orlando State FL Zip Code 32801	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: [Signature] Date: 10/12/99
REGISTERED AGENT MUST SIGN

11. 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: [Signature] ROBERT J. ANDREWS Date: 10/10 Daytime Phone #: 407/894 3985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR