

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P98000016024

FILED  
Jan 03, 2007  
Secretary of State

**Entity Name:** SOUTHERN TIMBER STRUCTURES, INC.

**Current Principal Place of Business:**

6583 FORMOSA CT  
STARKE, FL 32091

**New Principal Place of Business:**

6583 FORMOSA AVE  
STARKE, FL 32091

**Current Mailing Address:**

6583 FORMOSA CT  
STARKE, FL 32091

**New Mailing Address:**

6583 FORMOSA AVE  
STARKE, FL 32091

FEI Number: 59-3494100

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DECUBELLIS, MEEKS, & UNCAPHER, PA  
837 N GARLAND AVE  
ORLANDO, FL 32801 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ROBERT ANDREWS

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANDREWS, ROBERT  
Address: 6583 FORMOSA CT  
City-St-Zip: STARKE, FL 32091

Title: D ( ) Delete  
Name: ANDREWS, PAMELA  
Address: 6583 FORMOSA CT  
City-St-Zip: STARKE, FL 32091

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: ANDREWS, ROBERT  
Address: 6583 FORMOSA AVE  
City-St-Zip: STARKE, FL 32091

Title: D (X) Change ( ) Addition  
Name: ANDREWS, PAMELA  
Address: 6583 FORMOSA AVE  
City-St-Zip: STARKE, FL 32091

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT ANDREWS

Electronic Signature of Signing Officer or Director

D

01/03/2007

Date