

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -2 AM 10: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA8000019020**

1. Corporation Name

Compton Timber Services, INC

000023513930

10/02/03--01056--005 **1350.00

2. Principal Office Address

201 S. WASHINGTON ST

Suite, Apt. #, etc.

3. Mailing Office Address

201 S. WASHINGTON ST

Suite, Apt. #, etc.

City & State

PEERY Florida

City & State

PEERY Florida

Zip

32347

Country

USA

Zip

32347

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/98

5. FEI Number

59-3493331

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

John M. Compton

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

201 S. WASHINGTON STREET

Suite, Apt. #, Etc.

City

PEERY

State
FL

Zip Code

32347

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

John M. Compton

Date

10/1/03

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
Pres.	John M. Compton	201 S. WASHINGTON ST	PEERY FL 32347

REINSTATEMENT

99-03

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:

John M. Compton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John M. Compton, President

10/1/03

Date

850/5845465

Daytime Phone #

CR2E081 (10/02)