

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 MAR -7 PM 4:00

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DOCUMENT *99-600057510*

1. Corporation Name
 Central Florida Lumber Unlimited, Inc.

2. Principal Office Address 5824 Rose Lane		3. Mailing Office Address 5824 Rose Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Tampa, Florida		City & State Tampa, Florida	
Zip 33619	Country Hillsborough	Zip 33619	Country Hillsborough

REINSTATEMENT *01-02*

4. Date Incorporated or Qualified To Do Business in Florida 06/24/1999

5. FEI Number -593585516 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED **3875 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name: Jason Woods

Street Address (P.O. Box Number is Not Acceptable): 5824 Rose Lane

Suite, Apt. #, Etc.:

City: Tampa, State: FL, Zip Code: 33619

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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: *[Signature]* Date: 02/13/02

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
Chairman			
Treasurer	Arthur Woods, Jr.	5824 Rose Lane	Tampa, FL 33619
President			
Secretary	Jason Woods	5824 Rose Lane	Tampa, FL-33619

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: *[Signature]* 02/13/02 (813) 927-3518

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E061 (9/00)