

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

DOCUMENT **P99-600057510**

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

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 ☒ **8875** 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

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

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
President

Arthur Woods, Jr.

5824 Rose Lane

Tampa, FL 33619

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/13/02

Date

(813) 927-3518

Daytime Phone #

CR2E061 (9/00)