PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JAN 22 PM 3:50

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REINSTATEMENT 00-03

1. Corporation Name: Timberline Wood Products, INC.

2. Principal Office Address	3. Mailing Office Address
2096 HWY 93 South	P.O. Box 268
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cairo, Georgia	City & State: Williston, FL
Zip: 39828 Country: USA	Zip: 32696 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: Oct. 5, 1999

5. FEI Number: 59-3601834 ☐ 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: Gregory G. Boree

Street Address (P.O. Box Number is Not Acceptable): 2425 Hopkins Street

Suite, Apt. #, Etc.:

City: Orange Park, State: FL Zip Code: 32073

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: 1/22/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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.	Gregory G. Boree	2425 Hopkins St.	Orange Park, FL 32073
Sec.	Jay Huber	5151 NE 167½ Ct.	Williston, FL 32696
Treas.	Pamela G. Huber	5151 NE 167½ Ct.	Williston, FL 32696
V Pres	Steve Strickland	10118 Twisting Vine Ct.	Tallahassee, FL 32312
manager	Jeff Strickland	10118 Twisting Vine Ct.	Tallahassee, FL 32312

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: Pamela G. Huber [signature] 1/22/03 (352)528-5261

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