

APPLICATION FOR REINSTATEMENT



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

FILED

00 OCT 18 AM 9:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000091409

1. Corporation Name
M & K TIMBER CO., INC.

Principal Place of Business	Mailing Address
4734 CLIFF ROAD GRACEVILLE FL 32440	4734 CLIFF ROAD GRACEVILLE FL 32440



REINSTATEMENT 2000

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable <i>P.O. Box 346</i>		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 10/13/1999	
Suite, Apt. #, etc. <i>Graceville, FLA. 32440</i>		Suite, Apt. #, etc.		5. FEI Number <i>59-3601952</i>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	MORRIS, GARY	4734 CLIFF ROAD	GRACEVILLE FL 32440
SD	KELLEY, EDWARD	POST OFFICE BOX 433 N/A	COTTONDALE FL 32431
			900003455849--5 -11/07/00--01108--009 ****750.00 ****750.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
MORRIS, GARY 4734 CLIFF ROAD GRACEVILLE FL 32440		Name <i>GARY MORRIS</i> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
 Signature of Registered Agent *[Signature]* **SIGNATURE REQUIRED** Date *10-16-2000*
 REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** *10-16-2000* *850-263-1579*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #