APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 19 AM 8:48

DOCUMENT # **S13960**

1. Corporation Name

ARNOLD LUMBER COMPANY

Principal Place of Business	Mailing Address
COUNTY RD 3 RT 1 BOX 260 BONIFAY FL 32425 US	COUNTY RD 3 RT 1 BOX 260 BONIFAY FL 32425 US

REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
3185 Thomas Drive	
Suite, Apt. #, etc.	Suite, Apt. #, etc. 3185 Thomas Dr. ne
Bonifay FL City & State	Bonifay FL City & State
Zip 32425 Country Same	Zip 32425 Country Same

4. Date Incorporated or Qualified To Do Business in Florida: 11/02/1990

5. FEI Number: 59-3033231 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	JERNIGAN, J CHRIS	5386 COOPER ST	GRACEVILLE FL
DP	JERNIGAN, JOE H	RT. 1 BOX 260	BONIFAY FL

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-11/07/00--01063--012
****758.75 ****758.75

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JERNIGAN, J. CHRIS 5386 COOPER ST RT 1 BOX 260 GRACEVILLE FL 32440	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/00)

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 REQUIRED Date
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.

AD

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

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