

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 20 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # v40421 (2)

1. Corporation Name

Timber Resources International, Inc.

2. Principal Office Address

P.O. Box 50568

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33074

Country

USA

3. Mailing Office Address

P.O. Box 50568

Suite, Apt. #, etc.

City & State

Lighthouse Point, FL

Zip

33074

Country

USA

REINSTATEMENT 96-03

4. Date Incorporated or Qualified
To Do Business in Florida

06/02/1992

5. FEI Number

58-1999759

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

Gary A. Lemerise

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

2325 N.E. 28th. St.

Suite, Apt. #, Etc.

City

Lighthouse Point

State

FL

Zip Code

33064

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

Gary A. Lemerise
REGISTERED AGENT MUST SIGN

Date 11/17/03

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 |
|--------|--------------------------------------|---|----------------------------|
| P | Gary A. Lemerise | P.O. Box 50568 | Lighthouse Point, FL 33074 |
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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:

Gary A. Lemerise
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary A. Lemerise

11/17/03

Date

954-785-7000

Daytime Phone #

CR2501 (10/02)