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 05 AUG -8 PM 2: 15
DOCUMENT # V 50 48 4 1. Corporation Name CANTONMENT TIMBER COMPANY, INC. 1420 h.v. (297-A CANTONMENT, FL 32533		600058349366 08/08/0501063012 **1350.00
2. Principal Office Address /420 Hwy 257 Y Suite, Apt. #, etc.	3. Mailing Office Address 3391 Wild Turkey 12d Suite, Apt. #, etc.	
City & State Cantenment Fi Zip Country	City & State Construction Zip Country	4. Date Incorporated or Qualified To Do Business in Florida 5. FEI Number 59 313230 - 6 Not Applicable
32533 Esc	32533 ESC	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
Street Address (P.O. Box Number 1430 HMY 287 CANTONMENT, FL 32533		
Suite, Apt. #, Etc.		
City State Zip Code FL 32533		
8. 1, 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 7-14-05 - 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	
Pus Daniel C. 6	Triffish 1420 Howy a	2974 Candonne Y, F1 32533
Viling Danny Ray Light 840 well Jone Rd Candownel F1 72533		
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 filling 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: 7-19-03 850 968 25-01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #		