

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

APPROVED  
AND  
FILED

00 OCT 16 AM 8:57

**DOCUMENT # 252613**

1. Corporation Name

**THE PENKO CO.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

404 S. PALAFOX STREET  
PENSACOLA FL 32501

P.O. BOX 12806  
PENSACOLA FL 32575  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/30/1961

5. FEI Number

59-0941620

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PCEO	WILLENZIK, OSCAR S	4580 TERRA SANTA	<del>PENSACOLA BEACH FL 32504</del> <b>PENSACOLA FL 32504</b>
ST	WILLENZIK, CARLA	1245 DRIFTWOOD DRIVE	PENSACOLA FL 32503
			<b>900003447129--3</b> <b>11/01/00--01062--026</b> <b>****758.75 ****758.75</b>
			<b>REINSTATEMENT 2000</b>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FRIEDMAN, MARCY W  
2230 MCCUTCHEN PLACE  
PENSACOLA FL 32503

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Marcy W. Friedman*  
REGISTERED AGENT MUST SIGN

Date

**10/11/00**

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:

**CARLA L. WILLENZIK**  
*Carla L. Willenzik*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**10-10-00**

Daytime Phone #

**(850) 934-2231**

CR2E040 (8/00)