

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
03 SEP 22 AM 8:00

DOCUMENT # F80946

1. Corporation Name

PENN PRODUCTS, INCORPORATED

REINSTATEMENT 97-03

000023248120
09/22/03--01089--018 **1150.00

2. Principal Office Address

285 Sugar Mill Drive

3. Mailing Office Address

800 S. Osprey Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Osprey, FL

City & State

Sarasota, FL

Zip

34229

Country

USA

Zip

34236

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

05/12/1982

5. FEI Number

59-2830909

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

T. Raymond Suplee

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

800 S. Osprey Avenue

Suite, Apt. #, Etc.

City

Sarasota

State
FL

Zip Code

34236

MRS

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

Date 9/18/03

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	City / State / Zip
P	Gerald L. Pennington	285 Sugar Mill Drive	Osprey, FL 34229
VP	T. Raymond Suplee	800 S. Osprey Avenue	Sarasota, FL 34236

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

V.P.

9/18/03

Date

941 366 3600

Daytime Phone #

CR2E081 (10/02)