

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 NOV - 2PM 4:00

DOCUMENT # **H23882**

1. Corporation Name

PANHANDLE FAST FOODS INC.

2. Principal Office Address

1500 W. 11TH STREET

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

City & State

SAME

Zip

32401

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

1984

5. FEI Number

59-2453818

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

85-01

7. Name and Address of Current Registered Agent

Name

ALLEN POPE CPA

600004711786-0

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

1500 W. 11TH STREET

-12/06/01--01051--017

***2528.75 ***2528.75

Suite, Apt. #, Etc.

City

PANAMA CITY

State
FL

Zip Code
32401

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 10/30/01

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
PRES/VP	STANLEY T. PARKER	819 FLORIDA AVENUE	PANAMA CITY, FL 32401
SEC/TREAS	FRED M. WEBB	1714 W. 23RD STREET	PANAMA CITY, FL 32405

AD

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

10/30/01
Date

Daytime Phone #

CR2001 (9/00)