

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 SEP 30 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 01000004630

1. Limited Liability Company's Name

Panhandle Holdings, LC

2. Principal Office Address

106 Brooks Street #1

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32549

Country

USA

3. Mailing Office Address

194 Lynda Lane

Suite, Apt. #, etc.

City & State

Pine Mountain, GA

Zip

31822

Country

USA

4. State/Country of Formation

GA/USA

**5. Date Organized or Qualified
To Do Business in Florida**

03/08/2001

6. FEI Number

58-2547369

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Wallace W. Wade

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

10221 W. Emerald Coast Pkwy

Suite, Apt. #, Etc.

Suite 26

City

Destin

State

FL

Zip Code

32541

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

W. Wade Wade

REGISTERED AGENT MUST SIGN

Date

9/28/04

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	George D. Copelan	194 Lynda Lane	Pine Mountain, GA 31822
			400041561354 10/04/04--01016--019 **250.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of

Managing Member/Manager

Date

9/28/2004

Daytime Phone #

706-587-6770

Typed or printed name of signing Managing Member/Manager

George D. Copelan

CR2E041 (10/02)