

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000034263

1. Limited Liability Company's Name

Panhandle Partners, LLC

2. Principal Office Address

PMB #235 5399 Highway 30A

Suite, Apt. #, etc.

City & State

Santa Rosa Beach

Zip
FL

Country
USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/19/2002

6. FEI Number

55-0815236

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

Brad Congleton, CPA

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

50 Uptown Grayton Circle

Suite, Apt. #, Etc.

City

Santa Rosa Beach

State
FL

Zip Code
32459

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

Brad Congleton

REGISTERED AGENT MUST SIGN

Date

3/8/04

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	Tracey E. Priest	PMB #235 5399 Highway 30A	Santa Rosa Beach, FL 32459
MGR	Floann M. Priest	PMB #235 5399 Highway 30A	Santa Rosa Beach, FL 32459

REINSTATEMENT

2003-04

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

Tracey Priest

Date

3/8/04

Daytime Phone #

(850) 225-4945

Typed or printed name of signing Managing Member/Manager

FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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