

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 18 AM 8:00

DOCUMENT # **P00000006232**

1. Corporation Name

PANTHER CREEK, INC.

Principal Place of Business

Mailing Address

346 WHITE SPRINGS RD
TELOGIA FL 32360

P.O. BOX 95
TELOGIA FL 32360

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

01/19/2000

5. FEI Number

59-3656472

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
STC	VILLARREAL, DIANA T	P.O. BOX 95	TELOGIA FL 32334
DP	HERZOG, THEODORE W	1101 SIMONTON ST	KEY WEST FL 33040
DCC	ANTONINI, JOSEPH E	1800 W. MAPLE RD	TROY MI 48084

8. Name and Address of Current Registered Agent

HERZOG, THEODORE W ESQ
1101 SIMONTON ST.
KEY WEST FL 33040

9. Name and Address of New Registered Agent

Name **MARC DATES**
Street Address (P.O. Box Number is Not Acceptable)
10801 TAMiami TRAIL NORTH
Suite, Apt. #, Et
SUITE 119
City
NAPLES
State
FL
Zip Code
34108

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. or 617.0505, F.S.

Signature of
Registered Agent

Marc J. Dates

Date

10-24-03

REGISTERED AGENT MUST SIGN

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:

Joseph E. Antonini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/03

Date

586-758-4443

Daytime Phone #

CR2E040 (7/03)