

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 26 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000002818

1. Corporation Name

PANTHERHEAD, INC

2. Principal Office Address

8032 GALVESTON AVE.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

Zip

32211

Country

US

3. Mailing Office Address

8032 GALVESTON AVE.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

Zip

32211

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

1/7

2002

5. FEI Number

01-0578414

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

GEORGE PITLAK, PRESIDENT

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

8032 GALVESTON AVE

Suite, Apt. #, Etc.

City

JACKSONVILLE FL

State

FL

Zip Code

32211

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

[Signature]

Date

2-18-04

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
<u>PRESIDENT</u>	<u>GEORGE PITLAK</u>	<u>8032 GALVESTON AVE. JACKSONVILLE, FL 32211</u>	<u>JACKSONVILLE, FL 32211</u>

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)(f), 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]

GEORGE PITLAK, PRESIDENT 2-18-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-477-0889

CR2E001 (01/04)

Pantherhead, Inc
8032 Galveston Ave.
Jacksonville, FL 32211
Phone: 904-477-0689
FEI: 01-0578414
George Pitlak, President

2-18-2004
Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Re: corporation reinstatement

To whom it may concern,

It has come to my attention that the above corporation has been dissolved, due to the failure to file an annual report for 2002. This was the first year incorporated and I was unaware of the annual report, and did not receive any forms from your office notifying me to file. I believe you may have had the incorrect address. The correct address for all correspondence is stated above. As per instructions from your office I am writing to explain the situation, along with the reinstatement form and \$300.00 for the annual report fees for 2002 and 2003. If there are any questions, please contact me at any time. Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read 'George Pitlak', with a stylized flourish at the end.

George Pitlak, President