

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 AUG -8 PM 2: 25

DOCUMENT # P03000058210

1. Corporation Name

Panhandle Ice of Bonifay, Inc.

2. Principal Office Address

403 East Virginia Ave.

Suite, Apt. #, etc.

City & State

Bonifay, Florida

Zip

32425

Country

USA

3. Mailing Office Address

403 East Virginia Ave.

Suite, Apt. #, etc.

City & State

Bonifay, Florida

Zip

32425

Country

USA

REINSTATEMENT 04-05

**4. Date Incorporated or Qualified
To Do Business in Florida**

5-28-03

5. FEI Number

32-0080116

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

A. C. Adkison

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

403 East Virginia Ave.

Suite, Apt. #, Etc.

City

Bonifay

State

FL

Zip Code

32425

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

A. C. Adkison

Date 8-04-05

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
D	A. C. Adkison	403 East Virginia Ave.	Bonifay / FL / 32425

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:

A. C. Adkison

A. C. Adkison

Date

8-04-05

Daytime Phone #

850-5422097

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR