

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

07 SEP 19 AM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000058210

1. Corporation Name

**Panhandle Ice of Bonifay, Inc.**

2. Principal Office Address - No P.O. Box #

403 East Virginia Ave.

3. Mailing Office Address

403 East Virginia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bonifay, Florida

City & State

Bonifay, Florida

Zip  
32425

Country  
USA

Zip  
32425

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

05-28-03

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

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 9-18-07

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/Florida/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 contained in Chapter 119, 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-18-07  
Date

850-547-2097  
Daytime Phone #