

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000058210

1. Entity Name
PANHANDLE ICE OF BONIFAY, INC.



2008 OCT 28 PM 3:50

FILED IN STATE OF FLORIDA

Principal Place of Business
403 EAST VIRGINIA AVE.
BONIFAY, FL 32425

Mailing Address
403 EAST VIRGINIA AVE.
BONIFAY, FL 32425

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



REINSTATEMENT

4. FEI Number
32-0080116

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADKINSON, A.C.
403 EAST VIRGINIA AVE.
BONIFAY, FL 32425

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE A.C. Adkins A.C. Adkins 10-27-08
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME ADKINSON, A.C.
STREET ADDRESS 403 EAST VIRGINIA AVE.
CITY-STATE-ZIP BONIFAY, FL 32425

TITLE
NAME 400137359294
STREET ADDRESS 10/28/08--01015--023 **758.75
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: A.C. Adkins A.C. Adkins 10-27-08 850-577-2057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #