


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # PD3000099753

1. Corporation Name
POCHOTE, INC.

2. Principal Office Address
PO BOX 1219
Suite, Apt. #, etc.

3. Mailing Office Address
PO BOX 1219
Suite, Apt. #, etc.

City & State
Panama City, FL

City & State
Panama City, FL

Zip 32402 **Country** USA **Zip** 32402 **Country** USA

FILED
05 DEC 30 AM 9:20
RECEIVED
DATE
700062512957
12/30/05--01058--004 **300.00
CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida 9/3/2003

5. FEI Number 45-0521384 ☐ **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 Wade B. Talkington

Street Address (P.O. Box Number is Not Acceptable)
1914 W. Beach Dr.

Suite, Apt. #, Etc.

City Panama City **State** FL **Zip Code** 32401

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** 12/27/05

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
P	WADE TALKINGTON	1914 W. Beach Dr.	Panama City, FL 32401
VP	JULIANN TALKINGTON	1914 W. Beach Dr.	Panama City, FL 32401

B. 1/03/04
REINSTATEMENT 01/25/05

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)(l), 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] WADE TALKINGTON **Date** 12/28/05 **Daytime Phone #** 872-6981

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAGETZ

To: Whom It May Concern

From: Juliann Talkington
Pochote, Inc.

Date: 12/27/05

Subject: Corporation Reinstatement

In 2004 we paid our corporate fee (check has been cancelled and shows up in your system), but did not hear anything after that time. Per a phone conversation with an agent in your office this morning, we have enclosed a check for \$300 to cover the corporate fees for 2005 and 2006.

Thank you.