## 2006 FOR PROFIT CORPORATION REINSTATEMENT

Principal Placed of Business P. O. 80X 20442 P	DOCUMENT # P03000106074  1. Entity Name PANHANDLE ENTERPRIZES HAULING-TRANSPORTS & DEVELOPMENT INC			&		06 APR 20 PM 1:17	
Sullio, Apil. P. efe.    Cay & State   Cay &	P. O. BOX 20442		P. O. BOX 20442			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
City & State    City & State   Country   Zip   Country   Zip   Country   S. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States   St. 75 Actional Applicables   So. Conflicted   St. 75	Principal Place of Business     3. Mailing Address						
City & State    City & State   Country   Zip   Country   Zip   Country   S. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States Desired   St. 75 Actional Applicables   So. Conflicted of States   St. 75 Actional Applicables   So. Conflicted   St. 75	Suite, Apt.	#, etc.	Suite, Apt. #, etc.			HEINSTATEMENT OF OF	
CREEN, JAMES W  GREEN, JAMES W  17. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. No. Name  8. No. Name  9.	City & State		City & State			4. FEI Number	
STEED Address (P.O. Box Number is Not Acceptable)  TALLAHASSEE, FL 32310  TALLAHASSEE, FL 32310  TOTY  FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Porda. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$300.00  TOTY FL NOW!!! FEE IS \$300.00  In accordance with is. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  FILE NOW!!! FEE IS \$300.00  TOTY GREEN, JAMES W  GREEN, JAMES W  GREEN, JAMES W  TALLAHASSEE, FL 32316  TOTY ST.PP  TALLAHASSEE, FL 32316  TOTY ST.PP  TALLAHASSEE, FL 32316  TOTY ST.PP  TOTAL GREEN RD.  STRET ADDRESS  GREEN, JAMES N  GREEN, JAMES N  GREEN, JAMES W  TOTH ST.PP  TOTAL GREEN RD.  STRET ADDRESS  GREEN, JAMES N  GREEN, JAMES W  GREEN, JAMES W  TOTH ST.PP  TOTAL GREEN RD.  STRET ADDRESS  GREEN, JAMES N  GREEN, JAMES N  GREEN, JAMES W  GREEN, JAMES N  GREEN, JAMES N  GREEN, JAMES W  TOTH ST.PP  TOTAL GREEN RD.  STRET ADDRESS  TOTY ST.PP  TOTAL GREEN RD.  GREEN JAMES N  GREEN JAMES N	Zip Country		Zip Countr		itry	5. Certificate of Status Desired \$8.75 Additional	
STREET ADDRESS W TALLAHASSEE, FL 32310    City   FL   Zip Coda	<u> </u>	6. Name and Address of Current	Registered Agent		Name	<del></del>	
Eity FL Zip Code  8. The above named only submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am familiar with, and accept the prior notice.    In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not receive the prior notice.   In accordance with s. 607, 193(2)(b), F.S., the corporation did not rece							
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Picrida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Control Picrida   Control Pi	TALLAHAS	SSEE, FL 32310					
SIGNATURE    Signature   Signa					City	FL Zip Code	
FILE NOW!! FEE IS \$300.00  THE OFFICERS AND DIRECTORS 11: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE P GREEN, JAMES W GREEN							
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NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this ling 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 truster of provered 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 effects, with all other like empowered.  SIGNATURE:  SIGNATURE  Date  Description  Descriptio	NAME STREET ADDRESS		□ Delete	NAM STRI	EET ADDRESS	☐ Change ☐ Addition	
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