

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000106074

1. Entity Name
PANHANDLE ENTERPRIZES HAULING-TRANSPORTS & DEVELOPMENT INC



Principal Place of Business
**P. O. BOX 20442
TALLAHASSEE, FL 32316**

Mailing Address
**P. O. BOX 20442
TALLAHASSEE, FL 32316**

FILED

08 MAY -8 AM 8:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

05082008 REIN-P CR2E098 (1/07)

4. FEI Number
30-0180828

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GREEN, JAMES W
1171 FERN WOOD RD.
TALLAHASSEE, FL 32310**

7. Name and Address of New Registered Agent

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREEN, JAMES W P. O. BOX 20442 TALLAHASSEE, FL 32316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GREEN, HILLARY D 58 ALLEN GREEN RD. SOPCHOPPY, FL 32358 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GREEN, BETTY T 58 ALLEN GREEN RD. SOPCHOPPY, FL 32358 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KINSEY, KENNETH PO BOX 20442 TALLAHASSEE, FL 32316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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900128803749
05/08/08--01015--001 **300.00

REINSTATEMENT

07/08

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **5/8/08** Daytime Phone #