

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 20 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000106074

1. Corporation Name

Panhandle Enterprises Hawking-Transports +
Development INC

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

58 Allen Green Rd

Suite, Apt #, etc

City & State

Sopchoppy FL

Zip

32358

Country

Leon

3. Mailing Office Address

P.O. BOX 20442

Suite, Apt #, etc

City & State

Tall FL

Zip

32311

Country

Leon

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9-26-03

5. FEI Number

30-0180828

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

James W Green

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

58 Allen Green Rd

Suite, Apt #, Etc

City

Sopchoppy

State

FL

Zip Code

32311

☒ 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

REGISTERED AGENT MUST SIGN

Date 1/20/10

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
<u>P</u>	<u>James W Green</u>	<u>P.O. BOX 20442</u>	<u>Tall FL 32311</u>
<u>T</u>	<u>Hillary D Wells</u>	<u>20 BOX 20 58 Allen Green Rd</u>	<u>Sopchoppy FL 32358</u>

900165748649
01/21/10--01001--018 **300.00

10. E-mail Address:

(To be used for future annual report notification)

11. 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. I further certify, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/10

Daytime Phone #

850 519 8050