

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

AND
FILED

98 DEC -4 AM 7:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046018

1. Corporation Name

FILLY-PAN FINANCE & REAL ESTATE CORP.

Principal Place of Business

Mailing Address

2990 S. FISKE BVD.
ROCKLEDGE FL 32955

2990 S. FISKE BVD.
ROCKLEDGE FL 32955

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

06/29/1993

5. FEI Number

52-1834837

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PTD	PANELLA, ELVIRA	2990 S. FISKE BLVD.	ROCKLEDGE FL 32955
VS	WALSER WILHELM A.	%2990 S. FISKE BLVD.	ROCKLEDGE FL
VS	LASER, BRUNO	%2990 S. FISKE BLVD.	ROCKLEDGE FL 32955

300002709513--9
-12/10/98--01098--006
****750.00 ****750.00

8. Name and Address of Current Registered Agent

BAR-NAVON, BOAZ
1356 RICHWOOD CIRCLE
ROCKLEDGE FL 32955

9. Name and Address of New Registered Agent

Name Walser Wilhelm A.
Street Address (P.O. Box Number is Not Acceptable)
2990 S. Fiske Blvd. D-1
Suite, Apt. #, Etc. D-1
City Rockledge
State FL Zip Code 32955

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date NOV. 16.98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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)(i), 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:

E. Panelle Panelle Elvira P.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV. 16.98
Date Daytime Phone #

CR20040 (9/98)