

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV 14 AM 9:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10312007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # P94000033678</b> 1. Entity Name <b>PANHANDLE ENERGY PRODUCERS, INC.</b>					
Principal Place of Business <b>HIGHWAY 2 EAST GRACEVILLE, FL 32440</b>			Mailing Address <b>P.O. BOX 7 GRACEVILLE, FL 32440</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>59-3242745</b>	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MCRAE, C. FINLEY HIGHWAY 2 EAST GRACEVILLE, FL 32440</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
DATE				DATE	
<b>FILE NOW!!! FEE IS \$750.00 After January 1, 2008, Fee will be \$900.00</b>				10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
D <input type="checkbox"/> Delete <b>MCRAE, C. FINLEY HIGHWAY 2 EAST GRACEVILLE, FL 32440</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete <b>MCRAE, ROBERT F JR. HIGHWAY 2 EAST GRACEVILLE, FL 32440</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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D <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
D <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
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:				11/12/07 850-2634457	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

REINSTATEMENT

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