

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P98000000599**

1. Corporation Name

PENNEL BROKERAGE CO., INC.

Principal Place of Business

725 N MAGNOLIA AVENUE
ORLANDO FL 32803

Mailing Address

PO BOX 3463
WINTER PARK FL 32790-3463



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/26/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3731155

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	HAMBLETT, W.C.	609 N. HYER AVE.	ORLANDO FL 32803
PSTD	HAMBLETT, W.C.	725 N. MAGNOLIA AVE.	ORLANDO, FL 32803

000009507250
12/13/02--01059--006 **750.00

8. Name and Address of Current Registered Agent

HAMBLETT, W.C.
609 N. HYER AVE.
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

Stephen M. Stone

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

725 N. Magnolia Ave.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/22/02

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 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:

W.C. Hamblett, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-25-02

Date

Daytime Phone #

CR2E040 (8/02)