

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 APR 11 PM 4:38

DOCUMENT # P98000017151

1. Corporation Name

Pennzey Farms Auto Suc. INC.

REINSTATEMENT 11-12

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

3533 Hwy 16 WEST

Suite, Apt. #, etc.

3. Mailing Office Address P.O. BOX 69

PENNEY FARMS FL 32079

Suite, Apt. #, etc.

CR2E081 (11/10)

City & State

Pennzey Farms FL

Zip 32079 Country USA

City & State

Pennzey Farms FL 32079

Zip 32079 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

2/23/98

5. FEI Number

593490485

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 Charles Richard Salyer

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

3730 Hwy 16 WEST

Suite, Apt. #, Etc.

City Pennzey Farms

State FL

Zip Code 32079

700226399297  
04/11/12--01035--005 \*\*158.75

700226399297  
03/27/12--01031--006 \*\*750.00

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

Charles Richard Salyer

REGISTERED AGENT MUST SIGN

Date 3/26/12

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
✓	Charles R Salyer	3730 Hwy 16 WEST	Pennzey Farms FL 32079

10. E-mail Address: hapa 248 gcs@aol.com

(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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: Charles Richard Salyer 3/26/12 904-529-9221

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APR 11 2012