

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 NOV 19 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000026629

1. Corporation Name

PANHANDLE PRODUCE, INC.

Principal Place of Business

Mailing Address

1301 EVERITT AVENUE
PANAMA CITY FL 32401

1301 EVERITT AVENUE
PANAMA CITY FL 32401

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/23/1998

6. FEI Number

EIN 59-3500018

Applied For

Not Applicable

8.

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
D P	ISLER, FREDERICK B	1009 CAROLINE BLVD	PANAMA CITY FL 32401
D C	ROWE, JAMES M III	3613 MARINER DR.	PANAMA CITY FL 32408
D	PERRY, C P	5105 SHADY COVE	BIRMINGHAM AL 35244
			388883878593
			-12/14/99--01111--005
			****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ISLER, CHARLES S III
434 MAGNOLIA AVENUE
PANAMA CITY FL 32401

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Charles S. Isler

Date

REGISTERED AGENT MUST SIGN

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:

Tina C Rowe
TINA C ROWE

11/18/99

Daytime Phone #

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**PANHANDLE PRODUCE, INC.
1301 EVERITT AVE.
PANAMA CITY, FL 32401
(850) 873-8800**

NOVEMBER 18, 1999

TO WHOM IT MAY CONCERN,

I SPOKE TODAY WITH A REPRESENTATIVE OF YOUR OFFICE CONCERNING THE FACT WE FAILED TO RECEIVE A FIRST NOTICE OF THIS. BEING A NEW CORPORATION I FAILED TO BE REMINDED THAT IT WAS DUE. YOUR REPRESENTATIVE TOLD ME TO SEND JUST THE \$150.00 FEE THIS TIME.

THANK YOU FOR YOUR KINDNESS AND PATIENCE IN THIS MATTER!



FRED B. ISLER
PRESIDENT