

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P99000009366 1. Entity Name PANHANDLE TRANSMISSION, INC.					
Principal Place of Business 2405 SOUTH HWY 77 LYNN HAVEN, FL 32444				Mailing Address 2405 SOUTH HWY 77 LYNN HAVEN, FL 32444	
2. Principal Place of Business 1506 Tennessee Ave Suite, Apt. #, etc.		3. Mailing Address 1506 Tennessee Ave Suite, Apt. #, etc.			
City & State Lynn Haven, FL Zip Country 32444 USA		City & State Lynn Haven, FL Zip Country 32444 USA		4. FEI Number 59-3556986	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROUSH, KATHY M 2405 SOUTH HWY 77 LYNN HAVEN, FL 32444				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <u>Kathy Roush</u> <u>Kathy Roush</u> <u>4-19-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROUSH, KENNETH P 12020 WHITE ROAD YOUNGSTOWN, FL 32466	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ROUSH, KATHY M 12020 WHITE ROAD YOUNGSTOWN, FL 32466	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Kathy Roush</u> <u>Kathy Roush</u> <u>4-19-06</u> <u>450-271-1500</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>				REINSTATEMENT 05-06 01072006 CREIN.P CR2E098(1/05)	

FILED

06 MAY -2 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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