

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG 24 PM 2: 07

DOCUMENT # P99000033631

1. Corporation Name

PANTHER ELECTRONIC SERVICES INC.

Principal Place of Business

Mailing Address

990 NW 34 WAY  
FT LAUDERDALE FL 33311

990 NW 34 WAY  
FT LAUDERDALE FL 33311

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

3201 NW 45 Terr  
Suite, Apt. #, etc.

3201 NW 45 Terr  
Suite, Apt. #, etc.

City & State  
Lauderdale Lakes, FL  
Zip  
33319  
Country  
USA

City & State  
Lauderdale Lakes, FL  
Zip  
33319  
Country  
USA

REINSTATEMENT 00-01

4. Date Incorporated or Qualified  
To Do Business in Florida

04/13/1999

SP

5. FEI Number

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	PHILPOT, PATRICK L	5411 NW 27TH ST.	LAUDERHILL FL 33313
D	GOODMAN-PHILPOT, LYDIA M	5411 NW 27TH ST.	LAUDERHILL FL 33313

600004562726--6  
-08/29/01--01094--018  
\*\*\*900.00 \*\*\*900.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

PHILPOT, PATRICK L

990 NW 34 WAY 3201 NW 45 Terr  
FT LAUDERDALE FL 33311 Lauderdale Lakes, FL  
33319

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

*Patrick L. Philpot*

Date

12/13/00

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)(l), 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:

*Patrick L. Philpot*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/13/00  
Date

Daytime Phone #

CR2EWD (800)