

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000058253**

1. Corporation Name

PANHANDLE FOODS, INC.

Principal Place of Business

Mailing Address

1847 JOHN SIMS PARKWAY E.
NICEVILLE FL 32478

1847 JOHN SIMS PARKWAY E.
NICEVILLE FL 32478

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3439 HWY 77
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

P.O. BOX 1266
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

06/28/1999

5. FEI Number

59-3607334

Applied For

Not Applicable

City & State

LYNNHAVEN, FL

Zip Country

32444

City & State

NICEVILLE, FL

Zip Country

32588

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
D	MCLEAN, JIM	1204 WINDWARD CIRCLE	NICEVILLE FL 32578
D	HUGHES, BOB	502 RANA LANE	NICEVILLE FL 32478

8. Name and Address of Current Registered Agent

MCLEAN, JIM
1204 WINDWARD CIR.
NICEVILLE FL 32578

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date **10/17/13**

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:

[Signature]
JAMES A. McLEAN, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/13

Daytime Phone #

CR2E040 (7/03)