

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 OCT 29 PM 5:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000107244

1. Corporation Name

PANASOFFKEE BARGAIN BARN, INC.

Principal Place of Business

2287 N C-470  
LAKE PANASOFFKEE FL 33538

Mailing Address

P. O. BOX 1644  
LAKE PANASOFFKEE FL 33538



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

REINSTATEMENT 2003

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/09/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3614583

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
VT PIT/V	RATCLIFF, RODNEY Ratcliff	P O BOX 1644 1286	LAKE PANASOFFKEE FL 33538

900024249289

10/29/03--01033--007 \*\*750.00

8. Name and Address of Current Registered Agent

RATCLIFF, RODNEY  
2287 N C-470  
LAKE PANASOFFKEE FL 33538

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* Rodney R. Ratcliff

10-24-03 (352) 568-1280

CR2E040 (7/03)