

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **596581**

1. Corporation Name
PENELANO OF PERRY, INC.

FILED
97 AUG 21 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **530 S. JEFFERSON ST. PERRY, FL 32347**
Mailing Address: **530 S. JEFFERSON ST. PERRY, FL 32347**

REINSTATEMENT 94-97

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/26/91	
City & State		City & State		5. FEI Number	
Zip		Zip		59-3105127	
Country		Country		Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PO	WYLLIE, BART D.	1402 HIGHWAY 98	PERRY, FL 32347
VA	LAENDER, TOM	718 VICKSBURG DR.	TUSCALOOSA, AL 35467
STO	COX, PEGGY	RT 1 Box 116	GILBERTON, AL 35386
			000002283150---7 -08/02/97---01173---007 ***1245.00 ***1245.00

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JAMES E. DAVIS 530 S. JEFFERSON ST. PERRY, FL 32347		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State
		FL	32347

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: **James E. Davis** REGISTERED AGENT MUST SIGN Date: **8/21/97**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. 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: **Bart Wyllie** SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **8/21/97** Daytime Phone #: **850: 584-7884**

CR2E040 (12/96)