

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 MAY 23 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V35035**

1. Corporation Name

Panhandle Construction & Supply Co., Inc.

2. Principal Office Address

403 Anemone St.

Suite, Apt., etc.

N/A

City & State

Panama City Bch, FL

Zip

32407

Country

Bay

3. Mailing Office Address

403 Anemone St.

Suite, Apt., etc.

N/A

City & State

Panama City Bch, FL

Zip

32407

Country

Bay

REINSTATEMENT

04-00

4. Date Incorporated or Qualified
To Do Business in Florida

5-11-92

5. FEI Number

59 312 3802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIG

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRANCES HERRING

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

403 Anemone St.

Suite, Apt., etc.

City

Panama City Bch, FL

State

FL

Zip Code

32407

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Frances Herring

REGISTERED AGENT MUST SIGN

Date **5-22-2000**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	FRANCES HERRING	403 ANEMONE ST	PANAMA CITY BCH, FL 32407
VP	DEBORAH LANGSTON	96 LAKE ELLEN SHORES	CRAWFORDVILLE, FL 32327
S	MARY MCCLAE	13210 Hibiscus St #407	Panama City, FL 32407
800003298788--7 06/21/00 01046 002 ***1650.00 ***1650.00			
LS			

10. 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 617.0404, 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:

Frances Herring

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/2000 (850) 233-5594

Date

Daytime Phone #

CR2E081 (9/99)