


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 26 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S57821

1. Corporation Name
Advisor's Realty of Panama City, Inc.

2. Principal Office Address 7911 Thomas Drive Suite, Apt. #, etc.		3. Mailing Office Address 7911 Thomas Drive Suite, Apt. #, etc.	
City & State Panama City, FL		City & State Panama City, FL	
Zip 32408	Country USA	Zip 32408	Country USA

REINSTATEMENT 01-03

4. Date Incorporated or Qualified To Do Business in Florida 6/03/91	
5. FEI Number 59-3076285	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
Jack G. Williams

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

Suite, Apt. #, Etc.

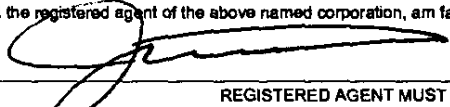
City
Panama City

State
FL

Zip Code
32401

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03/25/03 01002 005 **1050.00

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  Date 3/17/03

REGISTERED AGENT MUST SIGN

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
D	Charles E. Faircloth	7911 Thomas Drive	Panama City, FL 32408
D	William C. Grimsley, Jr.	7911 Thomas Drive	Panama City, FL 32408

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 617.0401, 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:  Charles E. Faircloth, Director, 3/17/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 850-234-7938 Phone #

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CR2E001 (10/02)