

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

03 MAY 16 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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05/23/03--01029--031 **900.00

REINSTATEMENT 02-03

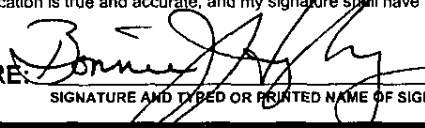
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 506223			
1. Corporation Name Panama City Properties, Inc.			
2. Principal Office Address 1849 Dewey Street, #4 Suite, Apt. #, etc.		3. Mailing Office Address 1849 Dewey Street, #4 Suite, Apt. #, etc. 4	
City & State Hollywood, FL		City & State Hollywood, FL 33020	
Zip 33020	Country USA	Zip 33020	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 06/30/1976	
5. FEI Number 591674217	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Bonnie J. Hughey		
Street Address (P.O. Box Number is Not Acceptable) 1849 Dewey Street, #4		
Suite, Apt. #, Etc.		
City Hollywood	State FL	Zip Code 33020

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 5/14/03
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
DPVST	Bonnie J. Hughey	1849 Dewey Street, #4	Hollywood, FL 33020

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: 	Bonnie J. Hughey	Date 5/14/03	Daytime Phone # (305) 586-2399
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E081 (10/02)