

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 # 725407

1. Corporation Name

THE PANAMA CITY RESCUE MISSION, INC

Principal Place of Business

Mailing Address

609 ALLEN AVENUE
POST OFFICE BOX 2359
PANAMA CITY FL 32402

609 ALLEN AVENUE
POST OFFICE BOX 2359
PANAMA CITY FL 32402

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

01/29/1973

5. FEI Number

59-1580961

Applied For

Not Applicable

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | |
|----------|-----------------------------------|---|----------------|
| 1 | 2 | 3 | 4 |
| TD | MIXON, ALFRED T. | 2423 WAKULLA AVE. | PANAMA CITY FL |
| VD | KORNMAN, WILLIAM M | 1103 WISCONSIN AVE | LYNN HAVEN FL |
| SD | POST, J. RICHARD SR. | 1428 LAKE AVE | PANAMA CITY FL |
| D | SPEARS, JAMES B. | 3019 DOUGLAS RD LOT 2 | PANAMA CITY FL |
| PD | LANGFORD, CLARENCE E | 223 LANNIE ROWE DR. | PANAMA CITY FL |
| | | | |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRYAN, TILMAN J. JR.
3321 "A" ST.
PANAMA CITY FL 32404

REINSTATEMENT

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.

Signature of Registered Agent

Tilman J. Bryan **SIGNATURE REQUIRED**

Date 12/10/98

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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:

Clarence E. Langford **SIGNATURE REQUIRED**
Signature and Typed or Printed Name of Signing Officer or Director
Clarence E. Langford, President/Director

Date

12/10/98 (850) 769-0783

FAX (850) 763-0099

CR2E040 (9/98)