PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 JAN -7 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/07/10--01037--021 **61.25

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12/23/09--01034--013 **61.25

DOCUMENT # 762342

1. Corporation Name
PANAMA City CHURCH of CARIST, INC

REINSTATEMENT 09

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3339 FLORIDA AVE	P.O Box 389
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA City, FL	City & State: PANAMA City, FL 32402
Zip: 32405 County: BAY	Zip: 32402 County: BAY

4. Date Incorporated or Qualified To Do Business In Florida: 1982

5. FEI Number: ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARVIN R. HUDSON
Street Address (P.O. Box Number is Not Acceptable): 929 TECH DR
Suite, Apt. #, Etc.:
City: LYNN HAVEN State: FL Zip Code: 32444

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Marvin R Hudson — Date: 12-18-09
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
SEC TREES	MARVIN R. HUDSON	929 TECH DR	LYNN HAVEN, FL 32444
T	JOHN W. LAYCOCK	212 KENTUCKY	LYNN HAVEN, FL 32444
T	JAMES R. HASTINGS	909 RADCLIFF DR	LYNN HAVEN, FL 32444
	REINSTATEMENT RH		

10. E-mail Address: MARVINRHUDSON@YAHOO.COM
(To be used for future annual report notification)

11. I certify that I am an officer or director of the reviver 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. I further certify 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: Marvin R Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #