

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 12 PM 1:12

DOCUMENT # F97000001273

1. Corporation Name
Pelican Bay of Panama City, Inc.

2. Principal Office Address
1007 Jenks Avenue
Suite, Apt. #, etc.

3. Mailing Office Address
1007 Jenks Avenue
Suite, Apt. #, etc.

City & State
Panama City, Florida

City & State
Panama City, Florida

Zip Country
32401 Bay

Zip Country
32401 Bay

4. Date Incorporated or Qualified To Do Business in Florida 3/12/97
5. FEI Number 72-1345279 Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 99-00

7. Name and Address of Current Registered Agent

Name Thomas W. Ledman
Street Address (P.O. Box Number is Not Acceptable) 1007 Jenks Avenue
Suite, Apt. #, Etc.
City Panama City State FL Zip Code 32401

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 *Thomas W. Ledman* Date 6/9/00
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
P	George Wilson	3119 Ross Clark Circle	Dothan, AL 36303
V	Steve Counts	726 Thomas Drive	Panama City Beach, FL 32408
ST	Stephen R. Wilson	3119 Ross Clark Circle	Dothan, AL 36303

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 *Steve Counts* Steve Counts 6/8/00 (850) 234-6696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)