

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.

City & State

Panama City, Florida

Zip

32401

Country

Bay

**3. Mailing Office Address**

1007 Jenks Avenue

Suite, Apt. #, etc.

City & State

Panama City, Florida

Zip

32401

Country

Bay

**REINSTATEMENT 99-00**

**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

**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

200003299612-4  
-06/21/00-01094-012  
\*\*\*\*\*900.00-\*\*\*\*\*900.00

**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

*Thomas W. Ledman*

REGISTERED AGENT MUST SIGN

Date 6/9/00

**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

Date

(850) 234-6696

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR