PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THE PLANTAGE OF FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham FILED **FOR** Secretary of State REINSTATEMENT 1996 NOV - 1 AM 9: 35 DIVISION OF CORPORATIONS **DOCUMENT#** H78492 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name HHCOF PANAMA CITY, INC. Principal Place of Business Mallary Address TITS BACK BEACH RD-TITE BACK BEACH NO PANNA CITY TO M PANANA CITY FL 83407-462 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 Date Incorporated or Qualified To Do Business in Florida 09/30/1985 Suite, Apt. #, etc. 5. FEI Number Applied For Not Applicable CERTIFICATE OF STATUS DESIRED Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) Name of Officers and/or Directors Title(5) City / State / Zip 1900 N STAR AVENUE PANAMA CITY FL COVINGTON, HARVEY H. PTS 000002000110 11708/96--01029--004 ****375.00 ****375.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent COVINGTON, HARVEY H. Street Address (P.O. Box Number is Not Acceptable 1809 N'STAR AVENUE-PANAMA CITY FL 32404-Suite, Apt. #, Etc. 3240g City 10.1, being appointed the registered agent of the above prince exporation, am familiar with and accept the obligations of Section 607.0505, F.S. Signature of Registered Agent Ţſ REGISTERED AGENT MUST SIGN 11. Does this corporation pay any intangible tax to the (See other side for information on intangible tax.) Dept. of Revenue under S. 199.032, Florida Statutes. No Yes 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 filling inis 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 section 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.

G OFFICER OR DIRECTOR

SAN BERNER (A