

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 JUL 19 AM 8:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H90978**

1. Corporation Name

F & S OF PANAMA CITY BEACH, INC.

Principal Place of Business

P.O. BOX 27970
PANAMA CITY FL 32411

Mailing Address

P.O. BOX 27970
PANAMA CITY FL 32411



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

9900

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/19/1985

5. FEI Number

59-2621143

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	City / State / Zip
PVS	SWEE, MARK	RT. 1 BOX 930 2208 Ten Oaks Dr	TALLAHASSEE FL 32312
D	SWEE, ARNOLD	1520 TROUT LANE	PANAMA CITY BCH. FL 32411

300003349553--9

08/08/00-01078-009

****900.00 ****900.00

8. Name and Address of Current Registered Agent

SWEE, ARNOLD H.
1520 TROUT LANE
PANAMA CITY BEACH FL 32411

9. Name and Address of New Registered Agent

Name

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR 3221