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 18 AM 9: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT #

J91654

1. Corporation Name

NO LIMITS OF PANAMA CITY, INC.

Principal Place of Business

Mailing Address

C/O JACK G. WILLIAMS 5801 THOMAS DR. SUITE 1401 PANAMA CITY FL 32408

SWEE, ARNOLD

P.O. BOX 27970 PANAMA CITY BEACH FL 32411

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****900.88 ****900.88

If above a	ddresses are incorrect in any way, line th	rough incorrect in	nformation and enter correction below.	LFEI149	HAIENIENI	<u>49-00</u>
2. New Principal Office Address, If Applicable		New Mailing Office Address, If Applicable		Date Incorporated or Qualified To Do Business in Florida 09/09/1987		
	ite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
City & State	City & State		City & State		58-1763277	
-Zip ->	- Country	Zip.	-Country	6. CERTIFICATE		Additional Fee required Certificate of Status
7. Names a	and Street Addresses of Each Officer and	for Director (Flor	rida nonprofit corporations must list at lea	ast 3 directors)		
Title(s)	Name of Officers and/or Directors 2		Street Address of Each Officer and/or Director	· 	City / State	/ Zip
D	SWEE, MARK		ROUTE 1 BOX 950 2208 Tex	Oaks Or	TALLAHASSEE FL	

8. Name and Address of C	Surrent Registered Agent	Name and Address of New Registered Agent			
SWEE, MARK		Name Street Address (P.O. Box Number is Not Acceptable)			
RT 1 BOX 950					
TALLAHASSEE FL 32312		Suite, Apt. #, Etc.			
<i></i>		City	State Zip Code		

red agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

C

REGISTERED AGENT MUST SIGN

Date

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR