

APPLICATION
FORFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 31 PM 4:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K37453

1. Corporation Name

ULTIMATE FANTASY INC.

Principal Place of Business

12411 PANAMA CITY BCH PKWY
PANAMA CITY BEACH FL 32407
US

Mailing Address

217 N. EL CENTRO BLVD
PANAMA CITY BEACH FL 32413
US

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

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

7813 N. Lagoon Dr. #8E

City & State

City & State

Panama City Bch. FL

Zip

Country

Zip

Country

32408

USA

FEI Number

59-2997124

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	HENDERSON, ERIC T.	217 N EL CENTRO BLVD	PANAMA CITY BCH FL 32413
			300003468773--8 -11/17/00--01067--006 *****150.00 *****150.00
			DOUBR TS

8. Name and Address of Current Registered Agent

HENDERSON, ERIC T.
217 N EL CENTRO BLVD
PANAMA CITY FL 32413

9. Name and Address of New Registered Agent

Name Eric T. Henderson

Street Address (P.O. Box Number is Not Acceptable)
7813 N Lagoon Dr. #8E

Suite, Apt. #, Etc.

City Panama City Bch. State FL Zip Code 32408

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~~
REGISTERED AGENT MUST SIGNDate 10-28-00

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 #

850
233-2393
10-28-00 235-0040

Florida Department of State
Division of Corporations

October 25, 2000

To Whom It May Concern:

On March 29, 2000 a check was mailed for the amount of \$150.00 on behalf of Ultimate Fantasy, Inc. for annual corporation fees. It has been brought to my attention that my check has not yet cleared our bank and my fees have failed to be paid in a timely manner. This may be in part to a change in our address. Please be advised that our new address is as follows:

7813 N. Lagoon Dr. 8E
Panama City Beach, FL 32408

I did speak with someone in the Division of Corporations on October 25, 2000 and I explained the situation. I was instructed to send another check in the amount of \$150.00. I do ask that any and all fees be waived at that time.

I have filed my corporate fees in a timely manner over the past twelve years and I would like to thank you for taking this into consideration for me and my corporation. Without my corporation I would not be able to keep my business at an operating status.

Sincerely,



Eric T. Henderson, President/Owner