

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 APR 25 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **K 48586**

1. Corporation Name

Shearwater of Panama City Inc.

2. Principal Office Address

2221 W. 33 St.

Suite, Apt. #, etc.

3. Mailing Office Address

2221 W. 33 St.

Suite, Apt. #, etc.

City & State

Panama City, Fla.

Zip **32405** Country **USA**

City & State

Panama City, Fla.

Zip **32405** Country

REINSTATEMENT 18-00

4. Date Incorporated or Qualified
To Do Business in Florida

12-02-88

5. FEI Number

59-2920398

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

Robert Jansenius

300003230443-5

Street Address (P.O. Box Number is Not Acceptable)

2221 W. 33 St.

-05701700--01014--011

*****1058.75 ***1058.75**

Suite, Apt. #, Etc.

City

Panama

State
FL

Zip Code

32405

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

Robert Jansenius

REGISTERED AGENT MUST SIGN

Date **4-24-2000**

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
PD	Robert Jansenius	2221 W. 33 St	Panama City Fl. 32405

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 in 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:

Robert Jansenius

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 850 784 7963

Date

Daytime Phone #

CR2E081 (9/99)