

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

00 APR 25 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

CORPORATION
REINSTATEMENT

DOCUMENT # *K 48586*

1. Corporation Name
Shearwater of Panama City Inc.

2. Principal Office Address
2221 W. 33 St.

3. Mailing Office Address
2221 W. 33 St.

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

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

Street Address (P.O. Box Number is Not Acceptable)
2221 W. 33 St.

City
Panama

State
FL

Zip Code
32405

300003230443--5
-05701700--01014--011
***1058.75 ***1058.75

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

Date
4-24-2000

REGISTERED AGENT MUST SIGN

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
<i>PD</i>	<i>Robert Jansenius</i>	<i>2221 W. 33 St</i>	<i>Panama City Fl. 32405</i>

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

Date
4-24-00

Daytime Phone #
850 784 7963

CR2E081 (9/99)