


# 2011 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**

11 APR 29 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|  |  |   |
|--|--|---|
| DOCUMENT # L35455                          |  |  |
| 1. Entity Name<br>GMR OF PANAMA CITY, INC. |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>2208 TEN OAKS DRIVE<br>TALLAHASSEE, FL 32312 US | Mailing Address<br>2208 TEN OAKS DRIVE<br>TALLAHASSEE, FL 32312 US |
|--|--|

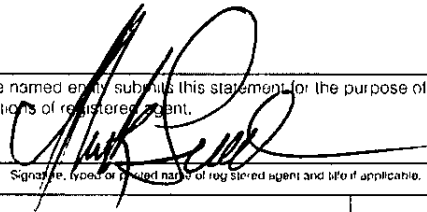
|   |                     |
|---|---------------------|
| 2. Principal Place of Business - No P O Box # | 3. Mailing Address  |
| Suite, Apt. #, etc.                           | Suite, Apt. #, etc. |
| City & State                                  | City & State        |
| Zip   | Country             |



04292011 REIN-P CR2E098 (1/07)

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><br>SWEE, MARK<br>2208 TEN OAKS DRIVE<br>TALLAHASSEE, FL 32312 |  |
|---|--|

|   |          |
|---|----------|
| 7. Name and Address of New Registered Agent       |          |
| Name  |          |
| Street Address (P O Box Number is Not Acceptable) |          |
| City  |          |
| FL  | Zip Code |

|   |              |
|---|--------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. |              |
| SIGNATURE   | DATE 4-29-11 |

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$900.00**

| 10. OFFICERS AND DIRECTORS |                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | P                     | TITLE   |  |
| NAME                       | SWEE, MARK            | NAME  |  |
| STREET ADDRESS             | 2208 TEN OAKS DRIVE   | STREET ADDRESS  |  |
| CITY-ST-ZIP                | TALLAHASSEE, FL 32312 | CITY-ST-ZIP   |  |
| TITLE                      |                       | TITLE   |  |
| NAME                       |                       | NAME  |  |
| STREET ADDRESS             |                       | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                       | CITY-ST-ZIP   |  |
| TITLE                      |                       | TITLE   |  |
| NAME                       |                       | NAME  |  |
| STREET ADDRESS             |                       | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                       | CITY-ST-ZIP   |  |
| TITLE                      |                       | TITLE   |  |
| NAME                       |                       | NAME  |  |
| STREET ADDRESS             |                       | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                       | CITY-ST-ZIP   |  |
| TITLE                      |                       | TITLE   |  |
| NAME                       |                       | NAME  |  |
| STREET ADDRESS             |                       | STREET ADDRESS  |  |
| CITY-ST-ZIP                |                       | CITY-ST-ZIP   |  |

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04/29/11--01008--020 \*\*900.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #