

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 29 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000005816

1. Corporation Name

Panacea Waterfronts Florida
Partnership, Inc.

2. Principal Office Address - No P.O. Box #

2289 Surf Rd C-1

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 212

Suite, Apt. #, etc.

CR2E081 (12/08)

City & State

Panacea FL

City & State

Panacea FL

Zip

32346

Country

USA

Zip

32346

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6-18-03

5. FEI Number

141922902

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

Paige Killeen

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

515 N. Adams St

Suite, Apt. #, Etc.

Tallahassee FL

City

State
FL

Zip Code

32301-1111

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Paige Killeen

REGISTERED AGENT MUST SIGN

Date

4-29-09

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
<u>C</u>	<u>Walt Dickson</u>	<u>P.O. Box 212</u>	<u>Panacea FL 32346</u>
<u>VCH</u>	<u>Sherrice P. Miller</u>	<u>P.O. Box 212</u>	<u>Panacea FL 32346</u>
<u>T</u>	<u>Paige Killeen</u>	<u>P.O. Box 212</u>	<u>Panacea FL 32346</u>
<u>S</u>	<u>Sheryl Masley</u>	<u>P.O. Box 212</u>	<u>Panacea FL 32346</u>

REINSTATEMENT

500153829355
04/30/09--01001--001 *\$122.50

12CH 0405

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 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 contained in Chapter 119, 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

Paige Killeen Treasurer

Date

Daytime Phone #

570-7976