

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 SEP 10 PM 4:12

DOCUMENT # 1045088

1. Corporation Name

Panama City Junior Chamber of
Commerce, INC.

SECRETARY OF STATE
200022965052
09/11/03--01041--002 **297.50

2. Principal Office Address

1512 chandelle ave

Suite, Apt. #, etc.

3. Mailing Office Address

1512 chandelle ave

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip 32405 Country USA

City & State

Panama City FL

Zip 32405 Country USA

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

09/10/1991

5. FEI Number

591034531

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

Will Hancock

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

1512 chandelle ave

Suite, Apt. #, Etc.

City

Panama City

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 9/6/03

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	Will Hancock	1512 chandelle ave	Panama City, FL 32405
VD	Heather Walker	4233 Delen drive	Panama City, FL 32404
TD	Christy Allen	P.O. Box 18372	Panama City Beach FL 32407
SD	Darcy Waylor	1512 chandelle ave	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 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] Will Hancock

9/6/03

850-258-7336

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)