

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **N98000002428**

1. Corporation Name

ADVOCATES OF BAY COUNTY BOOT CAMP, INC.

Principal Place of Business

**456 E 11TH STREET
PANAMA CITY FL 32401**

Mailing Address

**456 E 11TH STREET
PANAMA CITY FL 32401**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

04/28/1998

5. FEI Number

59-3517117

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HELMS, CHARLES SR	597 LAGOON OAKS DRIVE	PANAMA CITY BEACH FL 32408
TD	SHAFFER, KEN	1911 CLAY AVENUE	PANAMA CITY FL 32405
SD	CARUTHERS, GENIE	1123 BABBY LANE	PANAMA CITY FL 32401
D	BURCH, HATTIE	1002 MAPLE AVENUE	PANAMA CITY FL 32402
D	CLOUD, BARBARA	2121 LIENBY AVE.	PANAMA CITY FL 32401
D	ZENNER, STANON Joel Booth	PO BOX 1200 NA Box 1200	PANAMA CITY FL 32402

8. Name and Address of Current Registered Agent

**DUNCAN, MICHAEL B
304 MAGNOLIA AVENUE
PANAMA CITY FL 32401**

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State **FL** Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-25-01**

11. 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:

Genie Caruthers Secretary **Genie Caruthers** 11-26-01 850-872-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **7372**