

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 12 PM 3:22

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 700000056523

1. Corporation Name

Panama City Body Shop, Inc.

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

2625 W. 23rd St.

Suite, Apt. #, etc.

3. Mailing Office Address

2636 Taylor Rd.

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32405

Country

Bay

City & State

Montgomery, AL

Zip

36117

Country

Montgomery

REINSTATEMENT

05-07

09-19-07 01040 018 \$422.50

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

631252305

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
Travis Dickson

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

2625 W 23rd St.

Suite, Apt. #, Etc.

Panama

City
Panama City, FL 32405

State
FL

Zip Code

☐ 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

Travis Dickson

Date 9-25-07

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
D	Travis Dickson	P.O. Box 187	Lawnboro, AL 36752
D	Fredy Joe Hudson	7248 Wynlakes Blvd.	Montgomery, AL 36117
D	James Michael Thames	7062 Lake Run Dr.	Birmingham, AL 35242

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: Travis Dickson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-25-07 334-396-5274

Date

Daytime Phone #