

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000033322

1. Entity Name
PANAMA CITY BEACH EMBROIDERY & CLOTHING COMPANY



FILED

06 OCT 17 PM 3: 06

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
7934 FRONT BEACH ROAD
PANAMA CITY BCH, FL 32407

Mailing Address
7934 FRONT BEACH ROAD
PANAMA CITY BCH, FL 32407

2. Principal Place of Business
13800 PCB PARKWAY
Suite, Apt. #, etc. **#1040**
City & State **PCB, FL**
Zip **32413** Country

3. Mailing Address
13800 PCB PARKWAY
Suite, Apt. #, etc. **#1040**
City & State **PCB, FL**
Zip **32413** Country



10112006 REIN-P CR2E098 (11/05) **06**

4. FEI Number
52-2362078

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MCDONNELL, LAURIE
1318 HARBOUR WAY
PANAMA CITY BCH, FL 32407

7. Name and Address of New Registered Agent
Name **Laurie Simmons**
Street Address (P.O. Box Number is Not Applicable)
13800 PCB PARKWAY
#1040
City **PCB** State **FL** Zip Code **32413**

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 **Laurie Simmons** DATE **10-10-06**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MCDONNELL, LAURIE 1004 JENKS AVE. PANAMA CITY BCH, FL 32401 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Laurie Simmons <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 13800 PCB PARKWAY PANAMA CITY BEACH, FL 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MC DONNELL, LAURIE 1318 HARBOUR WAY PANAMA CITY BEACH, FL 32407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Amy Kozanek <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 519 OHIO AVE GRAND HAVEN MI 49417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000080933610 10/18/06--01007--015 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$P10/23 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **Laurie Simmons** DATE **10-10-06** DAYTIME PHONE **850-286-9171**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR