PLEASE READ ALL INSTRUCTIONS BEFORE

FILED

11 JUN -3 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P06000115255

1. Corporation Name
PANAMA PAUL'S GENERAL STORE & DISCOUNT MARINE, INC.,

800208448848
06/03/11--01039--004 **1200.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
110 MAIN STREET		P.O.BOX 430	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
HORSESHOE BEACH, FL		HORSESHOE BEACH FL	
Zip	Country	Zip	Country
32648		3264809	

4. Date Incorporated or Qualified To Do Business in Florida 09/06/2006

5. FEI Number
20-5493728
☐ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name
PAUL WIPERT

Street Address (P.O. Box Number is Not Acceptable)
80 EAST 1ST AVENUE

Suite, Apt. #, Etc.

City	State	Zip Code
HORSESHOE BEACH	FL	32648

REINSTATEMENT
08-11

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 ✓Paul Wipert Date 6/1/11
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
P	PAUL WIPERT	80 EAST 1ST AVENUE	HORSESHOE BEACH FL 32648
VP	PENNEY CONNELL	80 EAST IST AVENUE	HORSESHOE BEACH FL 32648

10. E-mail Address: _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: ✓Paul Wipert 6/11/11 (252) 498-3198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #