2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P93000049015

1. Entity Name
C.B. SAILS OF PANAMA CITY, INC.

FILED
2005 OCT 10 PM 12:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5308 EAST HWY 98 PANAMA CITY, FL 32404	5308 EAST HWY 98 PANAMA CITY, FL 32404

10062005 RE!N-P CR2E098 (6/04)

2. Principal Place of Business	3. Mailing Address
Street Apt. #, etc.	Street Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
59-3191968
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARRIS, WALLACE J 5308 EAST HWY 98 PANAMA CITY, FL 32404	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, 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	P HARRIS, WALLACE J 6221 A EAST HWY 98 PANAMA CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition P00060455807 10/10/05--01057--024 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HARRIS, CONSTANCE H 6221 A EAST HWY 98 PANAMA CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HARRIS, VALERIE J 500 BUNKERS COVE RD PANAMA CITY, FL 32401	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HARRIS, WALLACE J JR 1847 MALLARD DR PANAMA CITY, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: W. J. Harris WALLACE J. HARRIS 10/6/05 850-871-6221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

10/12 cw