

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P93000073239**

1. Corporation Name

PANAMA JAVA, INCORPORATED

Principal Place of Business

Mailing Address

233 HARRISON AVE.
PANAMA CITY FL 32401
US

233 HARRISON AVE.
PANAMA CITY FL 32401
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

mwB 1/22/97

97 JAN 22 AM 11:00

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Date Incorporated or Qualified
To Do Business in Florida

10/18/1993

5. FEI Number

59-3205207

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
PVDC P/NO/CS T	REGISTER, DEBRA GOAD, SONJA THAMES	233 HARRISON AVE 233 Harrison Ave 2520 BEECH STREET	PANAMA CITY FL Panama City FL PANAMA CITY BCH FL
	DAVE, MARSHALL D	125 BUNKER HILL RD	PANAMA CITY FL
			600002067976--1 -01/24/97--01079--024 *****375.00 *****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARQUES, JOEL

748 AIRPORT ROAD

PANAMA CITY FL 32405

Name

Margules, Joel

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

845 Jenks Avenue

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

Joel Marques

REGISTERED AGENT MUST SIGN

Date

1/21/97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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

Michael B. Brint Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-20-97

Daytime Phone #

904763-8220

CR20040 (7/96)