

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 OCT 29 AM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000073239

1. Corporation Name

PANAMA JAVA, INCORPORATED

Principal Place of Business

233 HARRISON AVE
PANAMA CITY FL 32401
US

Mailing Address

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

4. Date Incorporated or Qualified To Do Business in Florida

10/18/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3205207

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PVDC	REGISTER, DEBRA	233 HARRISON AVE	PANAMA CITY FL
S	REGISTER, DEBRA	233 HARRISON AVE	PANAMA CITY FL
T	GOAD, SONJA THAMES	2520 BEECH ST	PANAMA CITY BCH FL

500002333255--9
-10/29/97--01124--007
****165.00 ****165.00

8. Name and Address of Current Registered Agent

MARQUES, JOEL
845 JENKS AVE
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name JOEL MARGULES
721 Georgia Ave
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.

City Panama City State FL Zip Code 32404

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 MARGULES
REGISTERED AGENT MUST SIGN

Date 10-24-97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-97 850 763-8220
Date Daytime Phone #

CR2040 (8/97)