

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000072601

1. Corporation Name

RHONDA S. CLYATT, CHARTERED

Principal Place of Business

621 E. 4TH STREET
PANAMA CITY FL 32401

Mailing Address

P.O. Box 2492
~~621 E. 4TH STREET~~
PANAMA CITY FL ~~32401~~ 32402-2492

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

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

P.O. Box 2492
Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

Country

32402

Bay

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/1994

SP

5. FEI Number

59-3275425

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 A. & B. fees are 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	City / State / Zip
1	2	3	4
PD	CLYATT, RHONDA S	621 E. 4TH STREET	PANAMA CITY FL 32401

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***750.00 ***750.00

8. Name and Address of Current Registered Agent

CLYATT, RHONDA S
621 E. 4TH STREET
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name

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

~~P.O. Box 2492~~ 621 E. 4th Street

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32402-2492

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

Rhonda S. Clyatt REGISTERED AGENT MUST SIGN

REQUIRED

Date 10-26-99

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

Rhonda S. Clyatt 10-26-99 (850)872-1031

Date

Daytime Phone #

CR23040 (06/99)