

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

04 DEC 17 AM 11:36

DOCUMENT # P95000023521

**1. Corporation Name**

Beach Package Store of Bay County, Inc.

**2. Principal Office Address**  
357 Eagle Lane

**3. Mailing Office Address**  
357 Eagle Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Panama City Beach, FL 32413

City & State

Panama City Beach, FL 32413

Zip

32413

Country

US

Zip

32413

Country

US

REINSTATEMENT 97-64

**4. Date Incorporated or Qualified To Do Business in Florida** 3/23/1995

**5. FEI Number**  
65-0568104

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name Philip W. Griffiths

700043611467

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

12/23/04--01028--016 \*\*180.75

Suite, Apt. #, Etc.

City

Panama City Beach

State  
FL

Zip Code  
32413

**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

*Philip W. Griffiths*

Date 12/16/2004

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	Philip W. Griffiths	357 Eagle Lane	Panama City Beach, FL 32413
VP	Jeffilyn T. Griffiths	357 Eagle Lane	Panama City Beach, FL 32413

**10. 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:

*Philip W. Griffiths*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/16/04

Date

(850) 769-3434

Daytime Phone #

CR2E081 (01/04)