

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

**P95000047884**

**FILED**  
96 OCT 28 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

PARTY CITY OF PANAMA CITY, INC.

Principal Place of Business  
**1600 East 12th St.  
Lynn Haven, FL 32444**

Mailing Address  
**1600 East 12th St.  
Lynn Haven, FL 32444**

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, if Applicable  
**664 W. 23rd Street**

3. New Mailing Address, if Applicable  
**c/o Phil Thomas**

4. Date Incorporated or Qualified  
To Do Business in Florida  
**6/20/95**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**6903 N. Lagoon, #11**

5. FEI Number

☒ Applied For  
☐ Not Applicable

City & State  
**Panama City, FL**

City & State  
**Panama City Beach, FL**

Zip  
**32405**

Country  
**Bay**

Zip  
**32408**

Country  
**Bay**

CERTIFICATE OF STATUS DESIRED ☐

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
President	Phil Thomas	6903 N. Lagoon Dr. #11, P.C.B., FL	Panama City Beach, FL 32408
V. P.	Sylvia Thomas	" " "	" " "
Sec. Tr.			
			200002000312--S -11/08/36--01044--027 ****375.00 ****375.00

**REINSTATEMENT**

96 10/30/96  
DC

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Phil Thomas  
664 W. 23rd Street  
Panama City, FL 32405

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

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

*Phil Thomas*

REGISTERED AGENT MUST SIGN

Date **Oct 8, 1996**

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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.; and that all fees owed by the corporation have been paid. 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:

*Phil Thomas - President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Oct 8, 1996** 904-230-0520  
Date Daytime Phone

CR2000 (12/95)