

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 JAN 19 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P95000061542*

1. Corporation Name

Pan Resources of Florida, Inc

2. Principal Office Address

11680 Point Dr

Suite, Apt. #, etc.

None

City & State

Merritt Island

Zip

32952

Country

Broward

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Fl

Zip

32952

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

8/8/95

5. FEI Number

Applied for

☒ 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

Warren McGadden

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

11680 Point Dr

Suite, Apt. #, Etc.

City

Merritt Is.

State

FL

Zip Code

32952

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 *Warren McGadden, Pres, Director*

REGISTERED AGENT MUST SIGN

Date *1/18/01*

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
<i>Pres, Director</i>	<i>Warren McGadden</i>	<i>11680 Point Dr</i>	<i>Merritt Is., FL 32952</i>

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:

Warren McGadden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/01
Date

321 773 3206
Daytime Phone #