

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY -6 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

P96000035117

1. Corporation Name

Panama City Pancake Houses

2. Principal Office Address

1410 Foster Ave

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

Bay

3. Mailing Office Address

1410 Foster Ave

Suite, Apt. #, etc.

City & State

Panama City, FL

Zip

32401

Country

Bay

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

4/22/96

5. FEI Number

59 3373213

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$375 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Monroe N. Kneece

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

5317 Gulf Drive

Suite, Apt. #, Etc.

City

Panama City,

State

FL

Zip Code

32408

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

REGISTERED AGENT MUST SIGN

Date

5/5/04

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/D	Monroe N. Kneece	5317 Gulf Drive	Panama City, FL 32408

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Monroe N. Kneece

Date

5/5/04

Daytime Phone #

850 235 4008
850 819 7498