

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


12 JUN 12 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FL 32304

300236266893
06/12/12--01017--004 **1200.00

CR2E081 (11/10)

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P960000 91946**

1. Corporation Name

PANACEA Printing INC.

2. Principal Office Address - No P.O. Box #

1522 LAKE KNAVES CIR

Suite, Apt. #, etc

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

Zip

Country

32789 USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1996. OCT 16

5. FEI Number

59 343 0424

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

Kenneth Youmans

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

1063 Edgewater Dr

Suite, Apt. #, Etc

City

Orlando

State

FL

Zip Code

32804

REINSTATEMENT 11-12

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **5-23-2012**

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
PRES.	KENNETH O. YOMANS	1063 Edgewater Dr	ORLANDO, FL 32804
SEC.	TRAMM SIHAM SHAHDE	1522 LAKE KNAVES CIR	WINTER PARK, FL 32789

10. E-mail Address: **youmansk3@earthlink.net**
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

Kenneth O YOMANS

5-23-2012

4073126302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #