

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

98 NOV 30 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P97000069580**

1. Corporation Name

**LA CABANA BEACH BAR OF BAY COUNTY, INC.**

Principal Place of Business

Mailing Address

6201 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

6201 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408

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

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



**REINSTATEMENT 98**

4. Date Incorporated or Qualified  
To Do Business in Florida

08/11/1997

5. FEI Number

59-3468424

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
D	YOUNG, WILLIAM P	6126 THOMAS DRIVE	PANAMA CITY BEACH FL 32408

800002703758--1  
-12/04/98--01100--020  
\*\*\*\*750.00 \*\*\*\*750.00

*Handwritten signature*  
12/3

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HESS, BRIAN D  
9108 FRONT BEACH RD  
PANAMA CITY BEACH FL 32407

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

*Handwritten signature: Brian Hess*

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date *11-25-98*

11. This corporation owes or has paid the current year

Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

*Handwritten: 20 intangibles 11/98*

12. 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 this 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:

*Handwritten signature: William P. Young, Pres*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *11-25-98*

Daytime Phone # *850-234-7668*

CR2E040 (9/98)