

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10F2

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE

2000URE
Catherine Harris
Secretary of State
TALLAHASSEE, FLORIDA 32304-0001

FILED

00 OCT 30 AM 8:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P98000094348

1. Corporation Name

LA COTE OF PANAMA CITY BEACH, INC.

Principal Place of Business

10901 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407

Mailing Address

10901 FRONT BEACH ROAD
PANAMA CITY BEACH FL 32407



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip Country

3. New Mailing Office Address, If Applicable

10814 Front Beach Rd.

Suite, Apt. #, etc.

City & State

Panama City Beach, Fl.

Zip

32407

Country

Bay

4. Date Incorporated or Qualified
To Do Business in Florida

11/06/1998

5. FEI Number

59-3544903

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	VANZEUEREN, GUY	10901 FRONT BEACH RD. 10814	PANAMA CITY BEACH FL 32407
S	VANZEUEREN, THERESA	10901 FRONT BEACH RD. 10814	PANAMA CITY BEACH FL 32407

100003468541--1
-11/17/00--01044--010
****150.00 ****150.00

8. Name and Address of Current Registered Agent

VANZEUEREN, GUY
IYO MCKENZIE AVENUE
PANAMA CITY FL 32401

10814 Front Beach Rd.
Panama City Beach, Fl.
32407

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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., 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.

KE

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUY VANZEUEREN

10/25/00
Date

10/25/00
Daytime Phone

CR2E040 (8/00)

A COTE of PANAMA CITY BEACH INC
10814 FLOW BEACH RD.
32407 PANAMA CITY BEACH-
FL.

doc P98000094348

2012
FLORIDA DEPARTMENT
of STATE.
Secretary of State
division of corporations
S.

Panama city B.
10/25/00 -

to whom it may concern,

I am sending you a check for hundred
fifty dollars - I wasn't notified via mail or telephone
about the renewal fee - I apologize for
this inconvenience. My accountant didn't
inform me also - I hope you take my apologies
under consideration. It will never happen again.

Sincerely.

M. [Signature]

PS. our business address is:
10901 FLOW BEACH RD.
our mailing address is:
10814 FLOW BEACH RD.