

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P99000104155**

1. Corporation Name

**PANAMA CITY INVESTORS COMPANY**

2. Principal Office Address

2851 Remington Green Circle

3. Mailing Office Address

2100 Jenks Avenue

Suite, Apt. #, etc.  
Suite D

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Panama City, FL

Zip

32308

Country

USA

Zip

32405-4530

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

12/1/99

5. FEI Number

59-2598053

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

Robert A. Pierce

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

227 South Calhoun Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
FL

Zip Code

32301

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

Date 1.30.03

REGISTERED AGENT MUST SIGN

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
PD	Joseph D. Mitchell	2851 Remington Green Cir, Ste D	Tallahassee, FL 32308
STD	C. Guy Farmer	2851 Remington Green Cir, Ste D	Tallahassee, FL 32308

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

C. G. FARMER

Date

1/29/03

850.386.2522

Daytime Phone #