

DEC-02-05

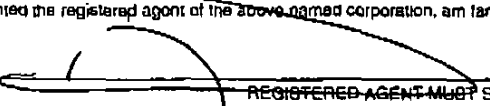
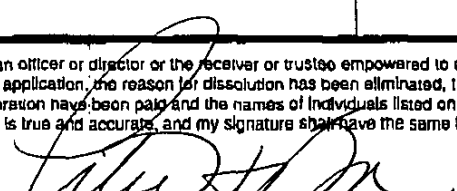
14:29

FROM-Matthews and Hawkins PA

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T-667 P.002/002 F-008

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 DEC -8 AM 11:20 TALLAHASSEE, FLORIDA	
DOCUMENT # N03000000621 1. Corporation Name DESTIN HARBOR BUSINESS ASSOCIATION, INC.					
2. Principal Office Address 4434 LUKE AVENUE Suite, Apt. #, etc.		3. Mailing Office Address 4434 LUKE AVENUE Suite, Apt. #, etc.		CR2E081 (8/05)	
City & State DESTIN, FLORIDA		City & State DESTIN, FLORIDA		4. Date Incorporated or Qualified To Do Business in Florida 1/24/03	
Zip 32541 Country US		Zip 32541 Country US		5. FEI Number 90-0108016	
				6. ☐ CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name DANA MATTHEWS					
Street Address (P.O. Box Number is Not Acceptable) 4475 LEGENDARY DRIVE					
Suite, Apt. #, Etc.					
City DESTIN				State FL	Zip Code 32541
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 12/2/05	
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		
D	FRANK BURGE	P. O. BOX 248	DESTIN, FL 32541		
D	PETER H. BOS	4100 LEGENDARY DR., #200	DESTIN, FL 32541		
D	SHANE CANNON	245 MAIN STREET	DESTIN, FL 32541		
100062019731 12/09/05 01345 000 ***297.50					
12/2/05					
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: 		Peter H. Bos SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11/30/05 Date	
				(850) 337-8000 Daytime Phone #	