

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

1 of 2

FLORIDA DEPARTMENT OF STATE

2000-2002 UBR

02 OCT 11 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 530 534

1. Corporation Name

DESTIN FISHIN' HOLE INCORPORATED
240 MIRACLE STRIP PARKWAY
DESTIN, FL. 32540

2. Principal Office Address

331 ANTELA LANE

Suite, Apt. #, etc.

3. Mailing Office Address

331 ANTELA LANE

Suite, Apt. #, etc.

City & State

MARY ESTHER FL

City & State

MARY ESTHER FL

Zip

32569

Country

USA

Zip

32569

Country

USA

300008342643--4
-10/11/02--01091--009
****450.00 ****450.00

4. Date Incorporated or Qualified
To Do Business in Florida

03/25/1977

5. FEI Number

59 173 1866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name

HARVEY HALLMAN

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

331 ANTELA LANE

Suite, Apt. #, Etc.

City

MARY ESTHER

State

FL

Zip Code

32569

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

Harvey D. Hallman

REGISTERED AGENT MUST SIGN

Date

7 Oct 02

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
P.D.	HALLMAN, HARVEY D.	331 ANTELA LANE	MARY ESTHER FL 32569
DST	GIBSON, JAMES V	6181 SUNBURST DR	CRESTVIEW FL 32539

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:

Harvey D. Hallman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7 Oct 02

Daytime Phone #

CR2E081 (9/01)

2012

Harvey Hallman
331 Angela Lane
Mary Esther, FL. 32569

October 7, 2002

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL. 32314

To Whom It May Concern,

The last notice to file an annual business report was received in early 1999. We do not know why but we have not received any notices since that time. Therefore I am asking for abatement of the reinstatement penalty of 600 dollars.

I am enclosing a check for 450 dollars for the fee for 3 years and the reinstatement form.

Sincerely,



Harvey Halman