

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 28 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 760604

1. Corporation Name

OLD DESTIN POST OFFICE MUSEUM, INC.

101 STAHLMAN AVENUE
235 CALHOUN AVENUE

2. Principal Office Address

101 STAHLMAN AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

235 CALHOUN AVENUE

Suite, Apt. #, etc.

City & State

DESTIN, FLORIDA

City & State

DESTIN, FLORIDA

Zip

32541

Country

USA

Zip

32541

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/05/1981

5. FEI Number

59-2140509

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 J. TAYLOR

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

231 CALHOUN AVENUE

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

Robert J. Taylor
REGISTERED AGENT MUST SIGN

Date 6-20-04

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
VTD	DORIS J. TAYLOR	235 CALHOUN AVENUE	DESTIN, FLORIDA 32541
SD	DOONEY TICKNER	900 GULF SHORE DRIVE, #2034	DESTIN, FLORIDA 32541
D	LIZ LIVINGSTON	188 BENT ARROW	DESTIN, FLORIDA 32541

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prc/ta

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:

Doris J. Taylor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-20-04

Date

850-837-2370

Daytime Phone #

CR2E081 (01/04)