

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F 73032 (7)

1. Corporation Name

Sandestin Beach Hotel, Inc

Principal Place of Business

Mailing Address

4000 Sandestin Blvd. South  
Destin, Florida 32541

4000 Sandestin Blvd.  
Destin Florida 32541

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

2. New Principal Office Address, If Applicable

4000 Sandestin Blvd. S.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

4000 Sandestin Blvd. S.

Suite, Apt. #, etc.

City & State

Destin FL

City & State

Destin FL

Zip

32541

Country

USA

Zip

32541

Country

USA

REINSTATEMENT

MWB

96497

4. Date Incorporated or Qualified To Do Business in Florida

3/22/1982

5. FEI Number

62-1138685

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
P/D	Frank L. Zant Jr	4000 Sandestin Blvd South	Destin, FL 32541
V/D	William J Mann	4000 Sandestin Blvd South	Destin, FL 32541
SH/D	Wilton D. Hill	1755 Lynwood Suite 142	Memphis, TN 38119
D	Monte L. Olshaus	4000 Sandestin Blvd South	Destin, FL 32541
V	Robert T. Kamm	4000 Sandestin Blvd South	Destin, FL 32541

8. Name and Address of Current Registered Agent

Robert T. Kamm  
4000 Sandestin Blvd. South  
Destin FL 32541

9. Name and Address of New Registered Agent

Name

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

000002090590--7

Suite, Apt. #, Etc.

02/18/97 01056-018

\*\*\*923.75 \*\*\*923.75

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

RTH K

REGISTERED AGENT MUST SIGN

Date

2-11-97

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

RTH K

Robert T. Kamm

2/11/97

904-267-9621

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2000 (12/96)