PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

F97000001690 DOCUMENT #

1. Corporation Name

DESTIN DIRECTORY, INC.

Principal Place of Business

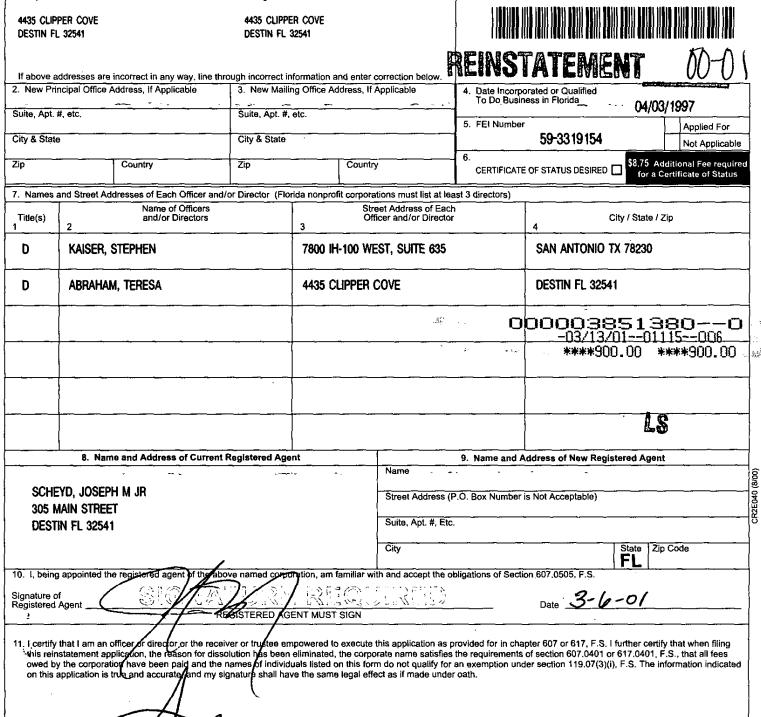
SIGNATURE:

Mailing Address

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



: (Con 100)

11 PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR