

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

03 APR 18 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G08358

1. Corporation Name
VILLAGE INN OF DESTIN, INC.

2. Principal Office Address
215 Highway 98

Suite, Apt. #, etc.

City & State
Destin, FL

Zip Country
32541 USA

3. Mailing Office Address
215 Highway 98

Suite, Apt. #, etc.

City & State
Destin, FL

Zip Country
32541 USA

REINSTATEMENT 02-03

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04/17/03--01097--014 **908.75

4. Date Incorporated or Qualified
To Do Business in Florida 11/16/1982

5. FEI Number 592244404
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
Richard R. Bennett

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

Suite, Apt. #, Etc.

City
Shalimar

State Zip Code
FL 32579

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 *Richard R. Bennett* Richard R Bennett Date 4/15/03
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
PD	Richard R. Bennett	2 Second Avenue	Shalimar, FL 32579
SD	Betty J. Bennett	2 Second Avenue	Shalimar, FL 32579
D	Steven R. Bennett	28 Paradise Point Road	Shalimar, FL 32579

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)(f), 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: *Richard R. Bennett* Richard R. Bennett Date 4/15/03
850/651-1653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E081 (10/02)

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