

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # H62291**

1. Corporation Name

DESTIN GULFGATE, INC.

2. Principal Office Address 1180 Hwy 98 East		3. Mailing Office Address P.O. Box 753	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, FL		City & State Shalimar, FL	
Zip 32541	Country USA	Zip 32579	Country USA

**REINSTATEMENT** 02-04

4. Date Incorporated or Qualified To Do Business in Florida: 06/17/1985

5. FEI Number: 62-1395408

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): 4 2nd Avenue

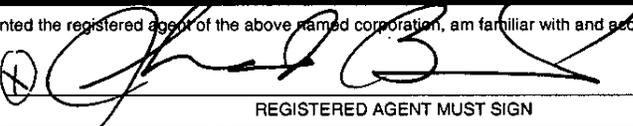
Suite, Apt. #, Etc.:

City: Shalimar

State: FL Zip Code: 32579

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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: 

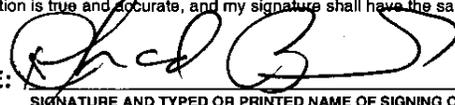
Date: 1/16/2004

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	4 2nd Avenue	Shalimar, FL 32579
DS	Betty J. Bennett	4 2nd Avenue	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)(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:  RICHARD R. BENNETT, PRESIDENT

Date: 1/16/2004 Daytime Phone #: 850/651-1653

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (1/0/02)