

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 APR -7 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000008433

1. Corporation Name

Destin RV Beach Resort at Miramar Beach Owners Association, Inc.

2. Principal Office Address
1234 Airport Road

3. Mailing Office Address
1234 Airport Road

Suite, Apt. #, etc.
Suite 215

Suite, Apt. #, etc.
Suite 215

City & State
Destin, FL

City & State
Destin, FL

Zip
32541

Country
U.S.

Zip
32541

Country
U.S.

REINSTATEMENT 03-05

**4. Date Incorporated or Qualified
To Do Business in Florida** 12/20/2000

5. FEI Number
593718803

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 Olson

Street Address (P.O. Box Number is Not Acceptable)
1234 Airport Road

Suite, Apt. #, Etc.
Suite 215

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

REGISTERED AGENT MUST SIGN

Date 3-18-05

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
DP	Richard Olson	1234 Airport Road, Suite 215	Destin, FL 32541
DV	Norman Rosen	2333 Brickell Ave, Suite D-1	Miami, FL 33129
DST	Yvonne Hays	1234 Airport Road, Suite 215	Destin, FL 32541

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-05

Date

(850) 650-2858

Daytime Phone #

CP2E081 (01/05)