

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Sep 28, 2007
Secretary of State**

DOCUMENT# N06000002731

Entity Name: DESTIN CHARITY WINE AUCTION FOUNDATION, INC.

Current Principal Place of Business:

9300 EMERALD COAST PARKWAY WEST
DESTIN, FL 32550

New Principal Place of Business:

4476 LEGENDARY DRIVE
SUITE 203
DESTIN, FL 32541

Current Mailing Address:

POST OFFICE BOX 5396
NICEVILLE, FL 32578

New Mailing Address:

4476 LEGENDARY DRIVE
SUITE 203
DESTIN, FL 32541

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CONERLY, LAMAR A JR, ESQ
4481 LEGENDARY DRIVE, SUITE 200
DESTIN, FL 32541 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LAMAR A CONERLY, JR, ESQ

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STANGE, MIKE
Address: POST OFFICE BOX 5396
City-St-Zip: NICEVILLE, FL 32578

Title: DIR (X) Change () Addition
Name: VUCOVICH, TODD
Address: 4476 LEGENDARY DRIVE, SUITE 203
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: BABCOCK, ROB
Address: POST OFFICE BOX 5396
City-St-Zip: NICEVILLE, FL 32578

Title: PRES (X) Change () Addition
Name: CARTER, JOAN
Address: 4476 LEGENDARY DRIVE, SUITE 203
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: COX, CHAN
Address: POST OFFICE BOX 5396
City-St-Zip: NICEVILLE, FL 32578

Title: PRES (X) Change () Addition
Name: CARTER, STEVE
Address: 4476 LEGENDARY DRIVE, SUITE 203
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TODD VUCOVICH

DIR

09/28/2007

Electronic Signature of Signing Officer or Director

Date