
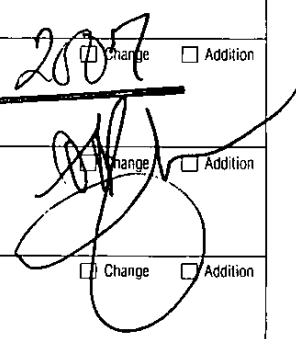


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1/2

DOCUMENT # N06000008480 1. Entity Name MARTIN COUNTY DESTINATION MARKETING CORPORATION					
Principal Place of Business 300 ST. LUCIE AVENUE STUART, FL 34994 US			Mailing Address 300 ST. LUCIE AVENUE STUART, FL 34994 US		
2. Principal Place of Business - No P.O. Box # 300 SW St. Lucie Avenue		3. Mailing Address 300 SW St. Lucie Avenue			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		09272007 REIN-NP CR2E099 (1/07)	
City & State 		City & State 		4. FEI Number 20-5450479	
Zip 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MONAGHAN, TERRI 300 ST. LUCIE AVENUE STUART, FL 34994				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300 SW St. Lucie Avenue City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Terri Monaghan</i></u> Terri Monaghan, Executive Director 10/5/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONAGHAN, TERRI 555 N.E. OCEAN BLVD. STUART, FL 34996	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Charles Calvert 1209 S. Federal Highway Stuart, Fl 34994	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRARI, JENNIFER 8994 S.E. BRIDGE ROAD HOBE SOUND, FL 33475	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200110744482 10/12/07--01065--019 **70.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUERTIN, GARY 4271 S.E. PALMETTO STREET STUART, FL 34997	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULLEN, BILL 1232 S.E. MENDAVIA AVENUE PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 2007 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gary Guertin, Chair-man

10/5/07

772-288-5445



Martin County Destination Marketing Corporation
d/b/a/ Martin County Convention & Visitors Bureau
300 SW St. Lucie Avenue, Stuart, FL 34994
Phone 772.288.5451 / Fax 772.288.6404
Toll Free 1.877.585.0085

October 5, 2007

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please find enclosed our 2007 Not-For-Profit Corporation Reinstatement Form.

We did not receive the card (note-the address on file was incorrect).

We would appreciate waiving any penalties in light of the address error and our short period of time in business.

If you have any questions, please feel free to call me at 288-5445.

Thank you !

Mary Palczer
Tourism Coordinator
mary@martincountyfla.com