PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 30 AM 9:30

DOCUMENT # N98000003220

1. Corporation Name

KELLY PLANTATION COMMERCIAL ASSOCIATION, INC.

REINSTATEMENT 99-02

2. Principal Office Address	**3.** Mailing Office Address
34851 EMERALD COAST PKWY	34851 EMERALD COAST PKWY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 150	SUITE 150
City & State	City & State
DESTIN, FL	DESTIN, FL 32541
Zip: 32541 / Country: OKALOOSA	Zip: 32541 / Country: OKALOOSA

4. Date Incorporated or Qualified To Do Business in Florida: 06/04/1998

5. FEI Number: [X] Applied For [ ] Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: HALL, STEVEN K

800004883158--2
-02/06/02--01049--008
****428.75 ****28.75

Street Address (P.O. Box Number is Not Acceptable): 36468 EMERALD COAST PKWY

Suite, Apt. #, Etc.: SUITE 2101

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 _____ Date 02/29/2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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
D/P	MCNEIL JR, JOHN A.	4502 OLDE PLANTATION PLACE	DESTIN, FL 32541
D/V	RUNNELS JR., DAVAGE J.	4320 CARRIAGE LANE	DESTIN, FL 32541
D/S/T	KLINE, TOM	34851 EMERALD COAST PKWY, #150	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: _____ JOHN A. MCNEIL, JR., PRESIDENT 02/29/2002 850-650-9933

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