

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REVISED
AND
FILED

03 OCT 29 PM 5: 23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000015316

1. Corporation Name
PURPLE PARROT RESORTS MANAGEMENT, INC.

JA

REINSTATEMENT 2003

2. Principal Office Address 13555 PERDIDO KEY DRIVE Suite, Apt. #, etc.		3. Mailing Office Address P. O. BOX 1772 Suite, Apt. #, etc.	
City & State PENSACOLA, FL		City & State LAUREL, MS	
Zip 32507	Country USA	Zip 39441	Country USA

4. Date incorporated or Qualified To Do Business in Florida 2/14/2000	
5. FEI Number 59-3622443	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee for Certificate of Status	

7. Name and Address of Current Registered Agent			
Name STEPHEN B. SHELL			
Street Address (P.O. Box Number is Not Acceptable) 226 PALAFOX PLACE		10002433415L 10/31/03--01056--020 **70.00	
Suite, Apt. #, Etc. NINTH FLOOR, SEVILLE TOWER			
City PENSACOLA	State FL	Zip Code 32501	

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 *[Signature]* Date 10-30-03
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
PDP	GILBREATH, JERRY M.	13555 PERDIDO KEY DRIVE	PENSACOLA, FL 32507

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]* Date 10-30-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

601-649
3746
601-3441
8797

CR2E081 (10/02)