

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC -3 PM 6:18

DOCUMENT # P00000036162

1. Corporation Name

Bayou Properties of Destin, Inc.

2. Principal Office Address

616 Shelter Cove Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

616 Shelter Cove Rd.

Suite, Apt. #, etc.

4. City & State

Santa Rosa Beach, FL 32459

City & State

Santa Rosa Beach, FL 32459

Zip

32459

Country

Zip

32459

Country

United States

7. Name and Address of Current Registered Agent

Name

Hilton V. Lawson

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

616 Shelter Cove Drive

Suite, Apt. #, Etc.

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-12/11/01--01080--003

*****758.75 *****758.75

City

Santa Rosa Beach

State

FL

Zip Code

32459

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

Hilton V. Lawson
Hilton V. Lawson, REGISTERED AGENT MUST SIGN

Date

CR2E081 (9/00)

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
<u>Dir./Pres.</u>	<u>Hilton V. Lawson</u>	<u>616 Shelter Cove Rd.</u>	<u>Santa Rosa Beach, FL 32459</u>
<u>Sec./Treas.</u>			

12/11/01

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: Hilton V. Lawson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Hilton V. Lawson

Date

(850) 267-2274

Daytime Phone #