

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000081549**

1. Corporation Name

SOUTH WALTON BEACH RENTALS, INC.

Principal Place of Business

Mailing Address

6126 THOMAS DRIVE
PANAMA CITY FL 32408

6126 THOMAS DRIVE
PANAMA CITY FL 32408

If above addresses are incorrect in any way, line through incorrect information and enter correction below.



REINSTATEMENT 03-04

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08/24/2000	
City & State		City & State		5. FEI Number	
Zip		Country		58-3671754	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				50.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director	4. City / State / Zip
D	YOUNG, WILLIAM P	6126 THOMAS DRIVE	PANAMA CITY FL 32408
			500024178275 02/25/04--01005--001 **4173.75
			500024178275 10/27/03--01111--017 **2126.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HESS, BRIAN D
9108 FRONT BEACH ROAD
PANAMA CITY FL 32407

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Date

REGISTERED AGENT MUST SIGN

11. 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]

William P. Young