

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1/82

**CORPORATION  
REINSTATEMENT**



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

FILED

02 MAY 13 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091683

**1. Corporation Name**

Versailles of Destin, Inc.

900005610899--7  
-05/27/02--01002--025  
\*\*\*\*300.00 \*\*\*\*300.00

**2. Principal Office Address**

10123 Hwy 98 W

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

Country

32550

**3. Mailing Office Address**

10123 Hwy 98 W

Suite, Apt. #, etc.

City & State

Destin, FL

Zip

Country

32550

**4. Date Incorporated or Qualified  
To Do Business in Florida**

09/25/2000

**5. FEI Number**

59-3672848

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED**

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Parker B. Smith, Esq.

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

1219 Airport Road

Suite, Apt. #, Etc.

Suite 311

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 5/10/02

**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	James M.B. Verdier	306 Curacao Way	Niceville, FL 32578
D/T	Bernard L.J. Verdier	1308 Tony Drive	Huntsville, AL 35802

**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: James M.B. Verdier, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

850-650-8095

Date

Daytime Phone #

CR2E081 (9/01)

272

**VERSAILLES OF DESTIN, INC.**  
**10123 Highway 98 W**  
**Destin, Florida 32550**

(850) 650-8095

Facsimile (850) 650-8094

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May 10, 2002

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Florida 32399

Re: *Request for Waiver of Reinstatement Fee*  
*Versailles of Destin, Inc.*

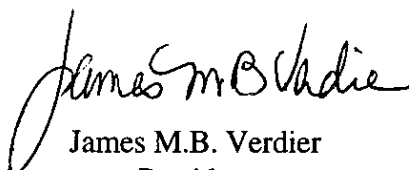
Dear Sir or Madam:

Please find attached to this cover letter, one original and one copy of the *Corporation Reinstatement* form.

I request a waiver of the reinstatement fee based on the fact that the corporation did not receive the 2001 Uniform Business Report from your office last year. As a result, we believed we had complied with all necessary requirements, and, in fact, were surprised to discover that the corporation had been administratively dissolved.

I appreciate your consideration of this request.

Sincerely,

  
James M.B. Verdier  
President