


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 2006 AUG -9 PM 12: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA								
DOCUMENT # P00000091683											
1. Corporation Name <div style="font-size: 1.2em; font-family: cursive;">Versailles of Destin, Inc</div>											
2. Principal Office Address 10123 hwy 98 <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address 10123 hwy 98 <small>Suite, Apt. #, etc.</small>									
City & State Destin, Fl.		City & State Destin, Fl.									
Zip 32550	Country U.S.A.	Zip 32550	Country U.S.A.								
		4. Date Incorporated or Qualified To Do Business in Florida 09/25/2000									
		5. FEEL Number 593672848	<table border="1" style="width: 100%;"><tr><td>Applied For</td></tr><tr><td>Not Applicable</td></tr></table>	Applied For	Not Applicable						
Applied For											
Not Applicable											
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status									
7. Name and Address of Current Registered Agent											
<table border="1" style="width: 100%;"><tr><td colspan="2">Name Carl Savant</td></tr><tr><td colspan="2">Street Address (R.O. Box Number is Not Acceptable) 175 Indigo loop s.</td></tr><tr><td colspan="2">Suite, Apt. #, Etc.</td></tr><tr><td>City Miramarbeach</td><td>State / Zip Code FL 32550</td></tr></table>				Name Carl Savant		Street Address (R.O. Box Number is Not Acceptable) 175 Indigo loop s.		Suite, Apt. #, Etc.		City Miramarbeach	State / Zip Code FL 32550
Name Carl Savant											
Street Address (R.O. Box Number is Not Acceptable) 175 Indigo loop s.											
Suite, Apt. #, Etc.											
City Miramarbeach	State / Zip Code FL 32550										
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 _____									
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								
Pres.	Carl Savant	175 Indigo loop s.	Miramarbeach, Fl. 32550								
V.P.	James M.B. Verdier	175 Indigo loop s.	Miramarbeach, Fl. 32550								
Tres.	Bernard L.J. Verdier	1308 Toney Dr.	Huntsville, Al. 35802								
800078619429 08/11/06--01008--005 **1208.75											
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 contained in Chapter 119, 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: <div style="font-size: 1.5em; font-family: cursive;">Carl Savant</div>		Date 8/8/06 Daytime Phone # 850-650-8095									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>											