

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000100007

1. Corporation Name

THE COLDWATER COMPANY OF DESTIN, INC.

09 OCT 16 PM 2:45

700161832567

10/16/09--01037--016 **1058.75
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #

36468 Emerald Coast Parkway

3. Mailing Office Address

36468 Emerald Coast Parkway

Suite, Apt. #, etc.

10101

Suite, Apt. #, etc.

10101

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

Okaloosa

Zip

32541

Country

Okaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

10/24/2000

5. FEI Number

593697404

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

Gwin, Curtis H.

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

36468 Emerald Coast Parkway

Suite, Apt. #, Etc.

10101

City

Destin

State

FL

Zip Code

32541

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Curtis H. Gwin

Date

10/15/09

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
D	Gwin, Curtis H.	36468 Emerald Coast Pkwy Ste 10101	Destin, FL 32541
D	Shoults, H. Ray	36468 Emerald Coast Pkwy Ste 10101	Destin, FL 32541

REINSTATEMENT 07-08 KS

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:

Curtis H. Gwin

Curtis H. Gwin

10/15/09

Date

850-837-0392

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR