

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -6 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000006220

1. Corporation Name

DESTIN4SALE, INC.

REINSTATEMENT

03

2. Principal Office Address
321 Brooks Street

3. Mailing Office Address
321 Brooks Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Walton Beach FL

City & State
Fort Walton Beach FL

Zip 32548
Country US

Zip 32548
Country US

**4. Date Incorporated or Qualified
To Do Business In Florida** 01/17/01

5. FEI Number
59-3693153

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 000023550710

Name
Powell, Richard H.

10/03/03--01086--001 **750.00

Street Address (P.O. Box Number is Not Acceptable)
92 Eglin Parkway NE

10/03/03--01086--001 **750.00

Suite, Apt. #, Etc.

City
Fort Walton Beach

State FL
Zip Code 32548

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 9/29/03

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
PD	Powell, Cynthia H.	321 Brooks Street	Fort Walton Beach FL 32548

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9/29/03

Date

Daytime Phone #

Cynthia H. Powell

9/10/6

CR2001 (10/02)