

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000094465

1. Entity Name

RE PARTNERS DESTIN, INC.



06 SEP 26 PM 3:26

Principal Place of Business

3250 MARY STREET, SUITE 404
COCONUT GROVE, FL 33133

Mailing Address

3250 MARY STREET, SUITE 404
COCONUT GROVE, FL 33133

2. Principal Place of Business

7985 SW 165 Street

3. Mailing Address

7985 SW 165 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33157

Country

DADE

Zip

33157

Country

DADE



REINSTATEMENT (11/05)

4. FEI Number

65-1141366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEMPLETON, TAD A
3250 MARY STREET, SUITE 404
COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name

TEMPLETON, TAD A

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

7985 SW 165 Street

City

MIAMI

FL

Zip Code

33157

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9.22.06

FILE NOW!!! FEE IS \$150.00

After January 1, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TEMPLETON, TAD A	
STREET ADDRESS	3250 MARY ST #404	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	AIELLO, JOHN F	
STREET ADDRESS	1001 N. US HIGHWAY ONE #402	
CITY-ST-ZIP	JUPITER, FL 33477	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WITMER, SANDRA J	
STREET ADDRESS	3250 MARY ST #404	
CITY-ST-ZIP	COCONUT GROVE, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLETON, TAD A	
STREET ADDRESS	7985 SW 165 STREET	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300080312103	
STREET ADDRESS	09/29/06--01063--007	
CITY-ST-ZIP	**150.00	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITMER, SANDRA J.	
STREET ADDRESS	2332 GALIANO STREET, 2nd FLOOR	
CITY-ST-ZIP	CORAL GABLES, FL 33134	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TAD TEMPLETON

9.22.06

305.272.0787