

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


08 NOV 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02-08 *[Signature]*

REINSTATEMENT

500137950055
11/14/08--01051--028 **1650.00
CR2E081 (10/08)

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P01000101651

1. Corporation Name

The Oasis Of Destin, Inc.

2. Principal Office Address - No P.O. Box # 205 B Mountain Drive		3. Mailing Office Address 205 B Mountain Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Destin, FL 32541		City & State Destin, FL	
Zip 32541	Country United States	Zip 32541	Country United States

4. Date incorporated or Qualified To Do Business in Florida	10/19/01
5. FEI Number 59-3751538	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Scott R. Whitehead, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 4507 Furling Lane			
Suite, Apt. #, Etc. Suite 209			
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 <i>[Signature]</i>	Date 11/11/2008
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
P/V/S	Rocky E. Griffith	205 Mountain Drive	Destin, FL 32541

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: <i>Rocky E. Griffith</i>	11/11/2008	850-974-7143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #