

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JUL 28 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PO3000035439

1. Corporation Name
DMC of Northwest Florida, Inc.

REINSTATEMENT 04-10

2. Principal Office Address - No P.O. Box #
225 PELCAN RD

3. Mailing Office Address
PO Box 5351

CR2B081 (6/10)

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida 24 March 2003

City & State
DESTIN, FL

City & State
DESTIN, FL

5. FEI Number 61-1446276 Applied For
 Not Applicable

Zip
32541

Country
USA

Zip
32540

Country
USA

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Jon A. Webb

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

Suite, Apt. #, Etc.
213 B

City
Fort Walton Beach

State
FL

Zip Code
32547

500183528855
07/20/10--0102--00 **150.00
500183528855
07/28/10--01025--001 **150.00

WI-34296

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 [Signature]
REGISTERED AGENT MUST SIGN

Date 19 July 2010

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
<u>PIV/T/S</u>	<u>Jon A Webb</u>	<u>210 Pelham Rd #213 B</u>	<u>Fort Walton Beh 32547</u>

10. E-mail Address: destinfoods@aol.com
(To be used for future annual report notification)

11. 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. I further certify, 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] Jon Webb 19 July 2010 (850) 837 9107
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #