

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2009 FEB -4 A 11: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P03000075209*

1. Corporation Name

Pointe Development of Destin, Inc.

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

134 BENNING DR.

Suite, Apt. #, etc.

SUITE A

City & State

DESTIN, FL.

Zip

32541

Country

USA

3. Mailing Office Address

134 BENNING DR.

Suite, Apt. #, etc.

SUITE A

City & State

DESTIN, FL.

Zip

32541

Country

USA

000142803740

02/04/09--01004--016 **458.75

CR2E081 (12/08)

4. Date Incorporated or Qualified
To Do Business in Florida

7/9/03

5. FEI Number

54-2119942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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.

7. Name and Address of Current Registered Agent

Name

SETH E. WRIGHT, ESQ.

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

503 NORTH 20TH AVENUE

Suite, Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32506

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

REGISTERED AGENT MUST SIGN

Date *2/4/09*

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 |
|--------------|--------------------------------------|---------------------------------------------------|--------------------------|
| <i>PH</i> | <i>RODERIC M. WRIGHT</i> | <i>134 BENNING DR. A</i> | <i>DESTIN, FL. 32541</i> |
| <i>VP/PS</i> | <i>BARBARA J. WRIGHT</i> | <i>134 BENNING DR. A</i> | <i>DESTIN, FL. 32541</i> |
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REINSTATEMENT

07-69655

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/09

Date

(850) 496-7062

Daytime Phone #