

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 21 PM 12:36

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

300129974223  
05/21/08--01002--036 \*\*1208.75  
CR2E081 (12/07)

**DOCUMENT #**

1. Corporation Name  
Destin Vacation Rentals, Inc.  
P04000141267

2. Principal Office Address - No P.O. Box # 130 S. Geronimo Street Suite, Apt. #, etc. Suite #1 City & State Miramar Beach FL Zip 32550 Country USA		3. Mailing Office Address 130 S. Geronimo Street Suite, Apt. #, etc. Suite #1 City & State Miramar Beach FL Zip 32550 Country USA	
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4. Date Incorporated or Qualified To Do Business in Florida  
10/12/2004

5. FEI Number 20-1736582	Applied For Not Applicable
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6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
Gale Hohndell

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

Suite, Apt. #, Etc.

City Destin	State FL	Zip Code 32541
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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 Date 05/09/08

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	Gale Hohndell	435 Captains Circle	Destin FL 32541
V	Gale Hohndell	435 Captains Circle	Destin FL 32541
S	Gale Hohndell	435 Captains Circle	Destin FL 32541
T	Gale Hohndell	435 Captains Circle	Destin FL 32541

REINSTATEMENT 05-08 B 5/25/08

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: Date 05/09/08 850 974-4555  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #