PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
96 NOV -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~The Byrne Corporation d/b/a~~ P21492

1. Corporation Name: Dunes Marketing Group

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-11/08/96--01031--027
****583.75 ****583.75

REINSTATEMENT 95-96 AR

Principal Place of Business	Mailing Address
	591 Big Canoe Big Canoe, Ga. 30143

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Address, If Applicable
n/a	591 Big Canoe
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Big Canoe, Ga.
Zip / Country	Zip: 30143 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1976

5. FEI Number: 57-0725930 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X]

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	William J. Byrne	591 Big Canoe	Big Canoe, Ga. 30143
T	Nancy Zak	591 Big Canoe	Big Canoe, Ga. 30143
S	Cary S. Griffin	591 Big Canoe	Big Canoe, Ga. 30143

8. Name and Address of Current Registered Agent

C T Corporation System
1200 South Pine Island Road
Plantation, Florida 33324

9. Name and Address of New Registered Agent

Name: same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E040 (1/96)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Dale Morris
Dale Morris, REGISTERED ~~Vice President~~ Agent
Date: October 28, 1996

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No [X]
(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: William J. Byrne 10/25/96 (770)893-3300 EXT#216
SIGNATURE AND TYPED OR PRINTED NAME OF ~~FILING~~ OFFICER OR DIRECTOR — Date — Daytime Phone #

William J. Byrne