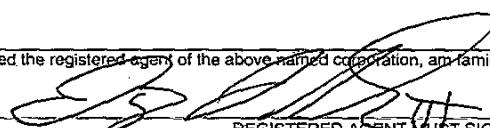



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000052575		FILED 99 JAN -4 AM 8:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name TRI-CORD of Destin, Inc.		700002734767--6 -01/08/99--01068--016 ***1350.00 ***1350.00	
Principal Place of Business 1700 Highway 98 East Destin, FL 32541		Mailing Address P.O. Box 247 Destin, FL 32540	
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 Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Date Incorporated or Qualified To Do Business in Florida 7/26/93		5. FEI Number 59-320-5550	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
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/D	M. Victor Anderson	146 Bay Trace	32459 Santa Rosa Beach, FL
S/T/D	Davage J. Runnels, Jr.	106 SE Waynell Circle	32548 Fort Walton Beach, FL
D	Bonnie L. Runnels	106 SE Waynell Circle	32548 Fort Walton Beach, FL
REINSTATEMENT 94-98 10/28/98			
8. Name and Address of Current Registered Agent Davage J. Runnels, III 36460 Emerald Coast Parkway, #220 Destin, FL 32541		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
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  Date 10/28/98 REGISTERED AGENT MUST SIGN			
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)			
12. 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 under section 119.07(3)(f), 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 M. Victor Anderson		10/28/98 (850) 450-1231 Date Daytime Phone #	

CR2040 (1/98)