

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 24 PM 3:36

DOCUMENT # P94000003746

1. Corporation Name
EDEN III, INC.

2. Principal Office Address
2300 20TH STREET

Suite, Apt. #, etc.

City & State
GULFPORT, MS

Zip Country
39501 USA

3. Mailing Office Address
2300 20TH STREET

Suite, Apt. #, etc.

City & State
GULFPORT, MS

Zip Country
39501 USA

REINSTATEMENT 99-00

4. Date Incorporated or Qualified To Do Business in Florida 1/14/94

5. FEI Number
59-3231567

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name
J. LOFTIN WESTMORELAND

Street Address (P.O. Box Number is Not Acceptable)
220 WEST GARDEN STREET

Suite, Apt. #, Etc.
9TH FLOOR SUNTRUST TOWER

City
PENSACOLA,

State Zip Code
FL 32501

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***1208.75 ***1208.75

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 5/21/00

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
PD	JOHN C. ELLIS, JR.	16281 PERDIDO KEY DRIVE	PENSACOLA, FL 32507
STD	CHARLES F. McREYNOLDS	494 CHANNEL MARK DRIVE	BILOXI, MS 39531
D	ROY ANDERSON	11400 RIECHOLD ROAD	GULFPORT, MS 39503

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 under section 119.07(3)(i), 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: JOHN C. ELLIS, JR. *[Signature]* 5-10-00 228-594-3605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #