PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORMED TO STATE FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 96 SEP 24 AM 11: 18 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA P94000005913 **DOCUMENT #** 1. Corporation Name 600001555836 -09/25/95-01019-005 ALKAT, INC. ****200.00 ****208.00 Mailing Address Principal Place of Business 9375 EMERALD COAST PKWY. 8375 EMERALD COAST PKWY DESTIN FL 32541 DESTIN FL 32541 If above addresses are incorrect in any way, line through incorrect information and enter correction below. Date Incorporated or Qualified
 To Do Business in Florida 3. New Malling Office Address, If Applicable 2. New Principal Office Address, If Applicable D. B.A. KEY WEST ALOG Suite, Apt. #, etc. 01/25/1994 5. FEI Number Applied For 59-3221850 City & State Not Applicable City & State \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED Country for a Certificate of Status Zip 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers Officer and/or Director
(Do NOT Use Post Office Box Numbers) City / State / Zip and/or Directors Title(s) DESTIN FL 32541 220 HIGHWAY 98 EAST-RICHARDS, ALAN D 829 FAIRWAY LAKES DRIVE 220 HIGHWAY 80 EAST RICHARDS, KATHE S D 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent MCGILL, ROBERT E III 1234 AIRPORT RD. SAST S SUUITE 123 **DESTIN FL 32541** 10. I, being appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S. Registered Agent REGISTERED MENT MUST SIGN (See other side for information on intangible tax.) Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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.

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