AND PERIOD DEPARTMENT OF STATE SOURCE OF CONTROL OF PRINCIPLE OF STATE SOURCE OF CONTROL OF STATE SOURCE OF STATE	PLEASE READ /	ALL INSTRUCTIONS B	SEFORE C	OMPLETING THIS FORM PRUYEL	
REINSTATEMENT  POSCUMENT # YMADOO 3 WW  1. Copposation Name  Principal Place of Bugginess   Marting Microbia  Principal Place of Buggin	APPLICATION APPLICATION	FLORIDA DEPARTMENT	OF STATE		
REINSTATEMENT # 2400000000000000000000000000000000000	A LT			FIL.ED	
SECRETARY OF STATE TALLAHASSEE, FLORIDA  RICOGO PAGE OF SIGNINE  PAST ILLE TO CONTROL OF STATE  REINSTATEMENT 9-48  REINSTATEMENT 9-48  If above addresses are necessical in any way, like through incorned information and enter connection below.  If above addresses are necessical in any way, like through incorned information and enter connection below.  If above addresses are necessical in any way, like through incorned information and enter connection below.  If above addresses are necessical in any way, like through incorned information and enter connection below.  If above addresses are necessical in any way, like through incorned information and enter connection below.  Suite, Agit, a rec.	REINSTATEMENT	•		98 DEC 22 PM 1: 10	
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2. New Maring Office Address, If Applicable  Suite, Apt. #, etc.  Suite,	3254/			KEINSTATEMENT 96-98	
Suite, Apt. #, etc.    Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·		* Exp 1996	
Suide, Apt. # 6C.    Suide, Apt. # 6C.	New Principal Office Address, If Applicable	3. New Mailing Office Address, If App	plicable	4. Date Incorporated or Qualified To Do Business in Florida April 8.1994	
Secondary   Seco	Suite, Apt. #, etc.	#, etc Suite, Apt. #, etc.			
7 Names and Stroet Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  7 Names and Stroet Address of Each Officers and/or Directors  8 Street Address of Each 17tle(s) 2 Name of Officers and/or Directors 3 (Do NOT Use Post Office Box Numbers) 4 City / State / 2p  P	City & State	City & State			
Title(s) 2 Name of Officers and/or Directors 3 (Do NOT Leep Post Directors) 4 City / State / Zip Pown E Hoffman - Uss cry Phury w F + 103 District F - DESTIN F - SSY Emerand Coast - DESTIN F - DESTIN F - SSY Emerand Coast - DESTIN F - DESTIN F - SSY Emerand Coast - DESTIN F - DESTIN F - SSY Emerand Coast - DESTIN F - DESTIN F - SSY Emerand Coast - DESTIN F	Zip Country	Zip Country			
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Play E Hoffman Ussery   10859 Emerald Coast   DESTIN FL    S David D. Ussery   Play W F 4/33 DESTIN FL    S David D. Ussery   Play W F 4/33 DESTIN FL    S David D. Ussery   Play W F 4/33 DESTIN FL    S DAVID D. Ussery   Play W F 4/403 DESTIN FL    S DESTIN FL   3254/  S DESTIN FL   3254/  Site   Address of New Registered Agent   Name    Street Address of New Registered Agent   Name    Street Address (P.O. Box Number is Not Acceptable)    Suito, Apt. #, Etc.    City   State   Zip Code    FL   230/98    10 1, 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   Play W   Play W    11. This corporation owes or has paid the current year   Intangible Personal Property tax due June 30.   Yes   No      12. Lordly that I am an officer or director or the receiver or trustee empowered to execute his application as provided for in chapter 607 or 617, F.S. I further cardly Flat, what silf fees owed by the corporation have been paid and the names of individuals listed on this fourth on ont qualify for an exemption under section 119.07(3)(0), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal feet as it made under oath.    JOAN E. Auffman - Use Ely   Signature:   Yes   Yes	Title(s) and/or Directors Officer and/or Director City / State / Zip				
8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  10859 Emerato Coaler Pkuy W  Street Address (P.O. Box Number is Not Acceptable)  ##4-403  Suite, Apt. #, Etc.  City  State Zip Code  FL  10. 1, 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  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  12. Lentily 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, 6401, 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)(1), F.S. The information in this application is true and accurate, and my signature shaft have the same legislateried as it made under oath.  10. Apr. H. H. H. F. Manna L.	10859 EMERALD COAST 3254/				
8. Name and Address of Current Registered Agent  8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  10859 Emerato Coaler Pkuy W  Street Address (P.O. Box Number is Not Acceptable)  ##4-403  Suite, Apt. #, Etc.  City  State Zip Code  FL  10. 1, 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  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  12. Lentily 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, 6401, 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)(1), F.S. The information in this application is true and accurate, and my signature shaft have the same legislateried as it made under oath.  10. Apr. H. H. H. F. Manna L.	P GOAN E. HOFFMAN- USSETY PKWYW # 1-403 DESTIN FL DESTIN FL				
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  1035 9 Emeral Secret Pkuy W Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   FL   City   State   Zip Code   City   State   Zip Code   City   State   Zip Code   City   City   State   Zip Code   City   C	S DAVID D. USSERY PKWYW # 4-403 DESTINFL 32541				
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  State  Signature of Registered Agent  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  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, 6401, 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.S. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  TOAN E. HUFFMAN - USSELY  SIGNATURE:  **Address of New Registered Agent  9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  Street Address (					
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Signature of Registered Agent  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  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 co 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 119.07(3)(0), 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.  11. Topan F. Huffman - USS FLY  SIGNATURE: Your Lyman - Usery  11/30/98  850 - 650 - 0299					
8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City  Signature of Registered Agent  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  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 co 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 119.07(3)(0), 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.  11. Topan F. Huffman - USS FLY  SIGNATURE: Your Lyman - Usery  11/30/98  850 - 650 - 0299					
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Street Address (P.O. Box Number is Not Acceptable)  ## 4- 403  Suite, Apt. #, Etc.  City  State    State   Zip Code   FL				Kinco	
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City  City  State Zip Code  10. 1, 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  This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.  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.  TOAN F. HUFFMAN - USS FLY  SIGNATURE:   Abuse Alaman - Use FLY  SIGNATURE:   Abuse Alam	8. Name and Address of Current Registered Agent  9. Name and Address of New Registered Agent  Name				
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