

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JUN -1 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000092862

1. Corporation Name

The Destin Group, Inc.

2. Principal Office Address - No P.O. Box #

12273 EMERALD Coast Pkwy

Suite, Apt. #, etc.

117

City & State

DESTIN FL

Zip

32550

Country

USA

3. Mailing Office Address

12273 EMERALD Coast Pkwy

Suite, Apt. #, etc.

117

City & State

DESTIN FL

Zip

32550

Country

USA

REINSTATEMENT 0601

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1994

5. FEI Number

59-3300415

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

BENJAMIN F. ANDERSON

Street Address (P.O. Box Number is Not Acceptable)

569 L'OMBRE Circle

Suite, Apt. #, Etc.

City

Fort Walton Beach

State

FL

Zip Code

32547

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Benjamin F. Anderson

Date

REGISTERED AGENT MUST SIGN

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
P	Benjamin F Anderson	569 L'OMBRE Circle	Fort Walton Beach, FL 32547
D	Karen G. Anderson	569 L'OMBRE Circle	Ft. Walton Beach, FL 32547
			400104526844 06/19/07--01002--013 **150.00
			400104526844 06/19/07--01002--014 **150.00

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 contained in Chapter 119, 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:

Benjamin F. Anderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

May 1, 2007

Daytime Phone #

26/7