

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 OCT 29 PM 3: 23

mtm  
10/29

DOCUMENT # **P95000038294**

1. Corporation Name

**DISCOVER DESTIN, INC.**

Principal Place of Business

P.O. BOX 5475  
DESTIN FL 32540

Mailing Address

P.O. BOX 5475  
DESTIN FL 32540



REINSTATEMENT

97

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

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3317127

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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
D	TEPPER, BEN S	P.O. BOX 5475	DESTIN FL 32540
D	TEPPER, KATHY BLANTON	P.O. BOX 5475	DESTIN FL 32540
D	TEPPER, MAX L III	P.O. BOX 5475	DESTIN FL 32540
D	TEPPER, STEVEN B	P.O. BOX 5475	DESTIN FL 32540
			0000002337990--2 -11/04/97--01082--005 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

MCGILL, ROBERT E III  
743 HIGHWAY 98 EAST, SUITE 5  
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

*Robert E McGill*

REGISTERED AGENT MUST SIGN

Date

10-24-97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(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)(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:

*Kathy Blanton Jepper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-24-97

Daytime Phone #

8503  
904-554-8824

CR2E040 (8/97)