	PLEASE READ	ALL INS	<u> </u>	BEFORE C	COMPLET	ING THIS FORM.		
API	PLICATION A	FLORID	A DEPARTME	NT OF STATE	AF	PROVED	•	
FOR			Sandra B. Mortham		A CARE			
REINSTATEMENT			Secretary of State VISION OF CORPORATIONS			E. Speen British States		
DOCUMENT # P95000039129					98 DEC 28 PM 3: 14			
Corporation Name					محرص	ETARY OF STATE		
PROGR	RESSIVE REALTY OF TI	HE EMER	RALD COAS	T, INC.	TALLA	ETARY OF STATE HASSEE, FLORIDA		
					<u> </u>			
Principal Place of Business Mailing Address					 	T ANNU MANJA POTIT NYAYI MORKI ANTON ARING ARING ARING ARING	188 1	
151 REGIONS WAY 151 REGION BLDG. 4. SUITE A BLDG. 4. SU DESTIN FL \$2541 DESTIN FL \$2541			JITE A					
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					REM	STATEMENT (1X		
			ing Office Address, If Applicable 4. Date I		4. Date Incorp	prated or Qualifled less in Florida	Part Page 2	
Suite, Apt. #, etc. Suite, Apt. #,			etc.			05/17/1995		
City & State City & State			5. FEI Nur		5. FEI Number	59-3329749 Applied Not App		
Zip Country Zip			Country 6.		J	\$8.75 Additional Fee	required	
					ļ <u> </u>	OF STATUS DESIRED A for a Certificate of S	tatus	
7. Names a	and Street Addresses of Each Officer and Name of Officers	or Director (Fig	Str	eet Address of Each				
Title(s)	and/or Directors	Officer and/or Director 3 (Do NOT Use Post Office Box Numbers)			City / State / Zip			
R LOMAX, BRENDA			53-YACH_CLUB, #5			FORT WALTON BEACH FL		
32P	LOMAX, JOHNNY-	53 YACH CLUB, #5			FORT WALTON BEACH FL			
ρ	Lomax, Johnson T Kilpatrick, Glen	151 Regions Way #4A			DESTIN, FL 32541			
D	Kilpatrick, Glen	151 Region WAY#4A			DESTEN, FL 32541			
						00002725489 -	-6	
						-12/29/980108700° ***1517_50 ****758		
	8. Name and Address of Current	Registered Age	ent		9. Name and A	ddress of New Registered Agent		
Name John					T. LOMAX			
PETERMANN, RICHARD P 25 NE WALTER MARTIN ROAD					treet Address (P.O. Box Number is Not Acceptable) 151 Regions Way #4A			
FORT WALTON BEACH FE 32548 Suite, Apt. #, Etc.					Medion	s way · m		
City DEST)					. 5	State Zin Code FL 32541		
1 @ I, being	appointed the registered agent of the abo	ve named corpo	oration, am familiar wi				-	
Signature of Redistered	The for	note:	REQU	IIRED		Date 12/28/98		
Sicreta	RE	GISTERED AG	ENT MUST SIGN			NO ONS		
	is comoration owes or ha angible Personal Propert			ar Yes 🔀	No 🗆	(see birder side for information on Intengible tax.)		
this rein: owed by	statement application, the reason for disso	lution has been ames of individ	eliminated, the corpo uals listed on this for	rate name satisfies t n do not qualify for a	the requirements an exemption und	oter 607 or 617, F.S. I further certify that when find section 607.0401 or 617.0401, F.S., that all fer section 119.07(3)(i), F.S. The information ind	es	
SIGNAT	URE: How of for	nate/	ETONN'S	TELon	AK	12/28/98 (830)6540	098	
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #								