

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Corporation Name

195006042602
New Homes of Destin, Inc.

Principal Office Address

4942 Hwy 98
suite, Apt. #, etc.

Mailing Office Address

10859 Emerald Coast Pkwy
Suite, Apt. #, etc.
4-325

City & State

Santa Rosa Beach, FL

City & State

Destin, FL #

Zip

32459

Country

USA

Zip

32550

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1995

5. FEI Number

59-3320945

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

McGill, Robert E. PA

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

36008 Emerald Coast Pkwy

Suite, Apt. #, Etc.

Ste. 301

City

Destin

State

FL

Zip Code

32541

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

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/D	Steve Mitchell	10859 Emerald Coast Pkwy #4-325	Destin, FL 32550
V/T/S	Toni Reid	10859 Emerald Coast Pkwy #4-325	Destin, FL 32550

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 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:

Steve Mitchell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/03
Date

850-267-1400
Daytime Phone #