

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY 31 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000056424

1. Corporation Name
Gredan Development, Inc.

2. Principal Office Address
35008 Emerald Coast Pkwy

3. Mailing Office Address
35008 Emerald Coast Pkwy

Suite, Apt. #, etc.
4th Floor

Suite, Apt. #, etc.
4th Floor

City & State
Destin FL

City & State
Destin FL

Zip Country
32541 USA

Zip Country
32541 USA

**4. Date Incorporated or Qualified
To Do Business in Florida** 07/18/1995

5. FEI Number 59-3327853
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
Gregory S. Oswalt

Street Address (P.O. Box Number is Not Acceptable)
35008 Emerald Coast Pkwy

Suite, Apt. #, Etc.
4th Floor

City
Destin

State Zip Code
FL 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

Date 05/08/01

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
D	Gregory S. Oswalt	35008 Emerald Coast Pkwy 4th Floor	Destin, FL 32541
D	Daniel Q. Bilger	213 Dolphin Street	Destin, FL 32541

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/08/01 850-837-2640
Date Daytime Phone #