

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

P950000 73933

1. Corporation Name

MBS of DESTIN, Inc.

Principal Place of Business

Mailing Address

211 E. Call Street  
Tallahassee FL  
32302

PO Box 11054  
Tallahassee, FL  
32302

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

See Above  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

See Above  
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

9/25/95

5. FEI Number

59-3342212

Applied For

Not Applicable

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/p	Douglas L. Stowell	211 E. Call Street	Tallahassee, FL 32302
D/s	John N. McCabe	4141 North Indian Bayou DR.	Destin, FL

800002383558-2

12/25/97-01085-003

\*\*\*150.00 \*\*\*750.00

REINSTATEMENT

12-24-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Douglas L. Stowell

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

211 E. Call Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32302

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

Douglas L. Stowell

REGISTERED AGENT MUST SIGN

Date 12-24-97

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Douglas L. Stowell (Douglas L. Stowell)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-24-97

Daytime Phone #

(850) 222-1055

025040 (12/95)