PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 SEP 18 AM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000029664

1. Corporation Name
GULF SANDS OF DESTIN, INC.

REINSTATEMENT

CR2E086 (12/05)

2. Principal Office Address	3. Mailing Office Address
208 Hood Avenue	1122 Ball Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite B
City & State	City & State
Ft. Walton Beach, FL	Perry, GA
Zip / Country	Zip / Country
32548 / USA	31069 / USA

4. Date Incorporated or Qualified To Do Business In Florida: 03/28/96

5. FEI Number: 593381587 ☐ 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: Elizabeth J. Walters, Esq.

Street Address (P.O. Box Number is Not Acceptable): 415 Beckrich Road

800110540971?
07/19/07--01050--015 **1050.00

Suite, Apt. #, Etc.: Suite 500

City: Panama City Beach | State: FL | Zip Code: 32407

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: Elizabeth J. Walters
REGISTERED AGENT MUST SIGN

Date: 9/10/07

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	Jackie C. Klein	1122 Ball Street, Ste B	Perry/GA/31069
			800109871159 09/25/07--01009--009 **150.00

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 contained in Chapter 119, 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: Jackie C. Klein — Jackie C. Klein — 7/12/07 — (478)988-3765
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #