PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAY 12 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100019838801
05/23/03--01029--015 **1050.00

REINSTATEMENT 01-03

DOCUMENT # P96000029664

1. Corporation Name
Gulf Sands of Destin, Inc.

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

4. Date Incorporated or Qualified To Do Business In Florida: March 29, 1996

5. FEI Number: 59-3381587 ☐ 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

Street Address (P.O. Box Number is Not Acceptable): 221 McKenzie Avenue

Suite, Apt. #, Etc.:

City: Panama City State: FL Zip Code: 32401

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: 5/7/03

CR2E081 (10/92)

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	Fred Klein President	~~906 Ball Street, Suite 10~~ 1122 Ball Street, Suite B	Perry, GA 31069

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: Herman J. Klein Jr. 3-26-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #