

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAR 27 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000070787**

1. Corporation Name

DESTIN DOUGHNUTS, INC.

2. Principal Office Address

P.O. Box 5020

Suite, Apt. #, etc.

City & State

DESTIN, FL

Zip

32541

Country

USA

3. Mailing Office Address

6 TRISTAN WAY

Suite, Apt. #, etc.

City & State

PENSACOLA BEACH, FL

Zip

32561

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

1996

5. FEI Number

59-340-3656

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

CHARLES C SCRUGGS III

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

6 TRISTAN WAY

Suite, Apt. #, Etc.

500004064065-3

-04/24/01--01075--008

*****900.00 ***900.00**

City

PENSACOLA BEACH

State

FL

Zip Code

32561

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

Charles C. Scruggs III

Date

3-22-01

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
P/T/D	CHARLES C. SCRUGGS III	6 TRISTAN WAY	PENSACOLA BEACH, FL 32561
V/S/D	GEORGE B. SCRUGGS	3929 INDIAN TRAIL	DESTIN, FL 32541
D	PEG SCRUGGS	3929 INDIAN TRAIL	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:

CHARLES C. SCRUGGS III
Charles C. Scruggs III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-01

Date

850-934-1945

Daytime Phone #

CR2E081 (9/00)