

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

08 JUL 17 PM 12:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97 000017563

1. Corporation Name

DESTIN COMMONS HOTEL DEVELOPERS, INC.

2. Principal Office Address - No P.O. Box #

4100 LEGENDARY DR.

3. Mailing Office Address

-same-

Suite, Apt. #, etc.

STE. 200

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Zip

32541

Country

US

Zip

Country

REINSTATEMENT

06-08^{KS}

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

2/18/97

5. FEI Number

59-3429436

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

MITCHELL W. LEGLER

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

300A WHARFSIDE WAY

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32207

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

7/9/08

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
C, D	PETER H. BOS	4100 LEGENDARY DR. #200	DESTIN, FL 32541
P	HUGH SAWYER	4100 LEGENDARY DR. #200	DESTIN, FL 32541
V, T	DAVID BUSFIELD	4100 LEGENDARY DR. #200	DESTIN, FL 32541
V	MITCHELL W. LEGLER	300A WHARFSIDE WAY	JACKSONVILLE, FL 32207
S	WENDY PARKER	4100 LEGENDARY DR. #200	DESTIN, FL 32541

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07/17/08--01035--006 **1050.00

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

[Signature] Wendy Parker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/9/08

Date

(850) 337-8000

Daytime Phone #

KS