

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000019075

1. Corporation Name

SNORKEL DESTIN, INC.

03 NOV 14 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

MOTOR VESSEL REEF RUNNER HARBORWALK MAR
SLIP #A12
DESTIN FL 32540

P.O. BOX 5199
DESTIN FL 32540-5199



000024715710
11/14/03--01077--005 **150.00

03

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

03/03/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3430751

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	COLE, BARRY S	63 SOUTH BLUE HERON RD	SANTA ROSA BEACH FL 32459
VD	COLE, VIKKI R	63 SOUTH BLUE HERON RD	SANTA ROSA BEACH FL 32459

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

COLE, BARRY S
63 SOUTH BLUE HERON ROAD
SANTA ROSA BEACH FL 32459

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/4/03

11. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/4/03

850-622-1557

CR2E040 (7/03)

2 of 2

Snorkel Destin, Inc.

P.O. Box 5199

Destin, Florida 32540

850.654.4655

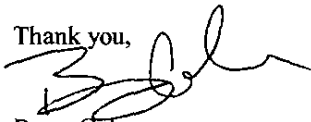
Nov. 10, 2003

To whom it may concern,

Last week we received the "Notice of Administrative Dissolution or Revocation". Believing it was an error on our part we investigated it further. Having found nothing in any file we think that the original UBR was never received.

Enclosed you will find this letter, completed application, and check for \$150.00. If anything is amiss please contact us at 850-622-1557 and leave a message.

Thank you,



Barry Cole
President
Snorkel Destin, Inc.

11/12/2003
11/12/2003
11/12/2003