

2005 FOR PROFIT CORPORATION REINSTATEMENT

APPROVED
AND
FILED

05 MAR 21 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072005

REIN-P

CR2E098 (6/04)

MRD

DOCUMENT # P97000043901	
1. Entity Name PREMIER PROPERTIES OF THE EMERALD COAST, INC.	



Principal Place of Business 53 YACHT CLUB DR., #5 FT WALTON BCH, FL 32548	Mailing Address 4123 GOVERNMENT BLVD C MOBILE, AL 36693
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2. Principal Place of Business <i>4013 INDIAN TRAIL</i> Suite, Apt. #, etc.	3. Mailing Address <i>P.O. Box 5346</i> Suite, Apt. #, etc.
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City & State <i>Destin</i>	City & State <i>FLORIDA</i>
Zip <i>32541</i>	Country <i>OKALOOSA</i>

4. FEI Number 59-3464179	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SAMPIERI, BRENDA 4013 INDIAN TRAIL DESTIN, FL 32541	
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7. Name and Address of New Registered Agent Name <i>ZAMPIERI, Brenda</i> Street Address (P.O. Box Number is Not Acceptable) <i>4013 INDIAN TRAIL</i> City <i>Destin</i> FL Zip Code <i>32541</i>	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>BRENDA ZAMPIERI, Pres</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Brenda Zampieri</i> 03/09/05 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZAMPIERI, BRENDA 4013 INDIAN TRAIL DESTIN, FL 32541 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT <i>04-05</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300049937853 04/05/05--01087--020 ***308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE: <i>Brenda Zampieri</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Brenda Zampieri, Pres.</i> 03/09/05 850-650-9677 <small>Date Daytime Phone #</small> <i>340-713-1187</i>