
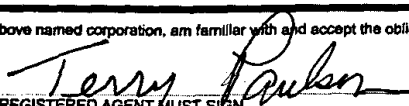
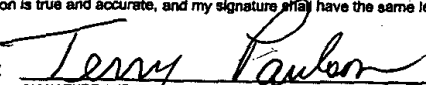


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000000853			
1. Corporation Name Coastal Development Corporation of Destin, Inc.			
2. Principal Office Address 10859 Emerald Coast Pkwy West Suite, Apt. #, etc. PMB 413 City & State Destin, Florida Zip 32550 Country USA		3. Mailing Office Address (Same) Suite, Apt. #, etc. City & State Zip 32660 Country	
		4. Date Incorporated or Qualified To Do Business in Florida 12/31/97	
		5. FEI Number 593484212	Applied For Not Applicable
		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Terry Paulson			
Street Address (P.O. Box Number is Not Acceptable) 4507 Furling Lane Unit 110			
Suite, Apt. #, Etc. Unit 110			
City Destin		State FL	Zip Code 32541
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 		Date 11/28/01	
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
O/P/S	Terry Paulson	4507 Furling Lane Unit 110	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: 		11/28/01	850-865-7489
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #