## 2005 FOR PROFIT CORPORATION REINSTATEMENT

REINS I A I EMEN I				re.			
DOCUMENT # P9800000853					55		
1. Entity Name COASTAL DEVELOPMENT CORPORATION OF DESTIN, INC.			05/	HOY 22 AM	ll: 20		
Principal Place of Business	Mailing Address		TALL		. 40		
4507 FURLING LN.	4507 FURLING LN.		12.	والمستدام والمستديرين	WIEL A		
UNIT 110 Destin. Fl. 32541	UNIT 110 Destin, Fl. 32541			1-1-10-11-11-11-11-11-11-11-11-11-11-11-			
	·					111   111	
2. Principal Place of Business 8138-THIRD ST Suite, Apt. #, etc.	3. Mailting Address 8138-TN/R			<b>                                    </b>			
UNIT # 5	UNIT#5		/11192005	REIN-P	CR2E098 (6/04)		
NAVARRE FI	NAVARRE F			4. FEI Number   Applied For   59-3484212   Not Applicable			
32566 Country A	1157 32566 457		5. Certificate	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name							
PAULSON, TERRY							
4507 FURLING LANE  Stepst Address (P.O. Bex Number is Not Acceptable)  UNIT 110							
DESTIN, FL 32541	TIN, FL 32541 UNIT 330						
City NAVARRE FL 33566							
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 Signature. Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when reinstating)  DATE							
FILE NOWIII FEE.IS \$150.00: After January 1, 2006, Fee will be \$300.0	o-				rith s. 607.193(2)(b), not receive the prior r		
10. OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTORS	S IN 11	
TITLE DPS	☐ Delete	TITLE	DPS	744	🔀 Change	☐ Addition	
NAME   PAULSON, TERRY   STREET ADDRESS   4507 FURLING LANE, UNIT 110	PAULSON, TERRY  DRESS 4507 FURLING LANE, UNIT 110 STREET ADDRESS		GLLD-11 DIDAR	PAULSON, TERRY 668-NAVARRE PKWY UNIT 330 VAVARRE FI 32566			
CITY-S1-ZIP DESTIN, FL 32541		CITY-ST-ZIP	NAVARRE	F1 32560	/ •		
TITLE NAME	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS		STREET ADDRESS	11/2	2/050105!	626275 5005 **15	9.75	
CRY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME	☐ Delete	TITLE NAME			Change	Addition	
STREET ADDRESS CATY-ST-ZIP		STREET ADDRESS					
TITLE	☐ Delete	CITY-ST-ZIP	,		☐ Change	☐ Addition	
NAME	_ ocac	NAME			C Origings	C) Addition	
STREET ADDRESS CITY-ST-ZIP		STREET ADORESS CITY-ST-ZIP					
TITLE	☐ Defete	TITLE			☐ Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE	☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	Change	Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS					
CITY-ST-ZIP	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	CITY-ST-ZIP		·			
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 approxement 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: Tem Fauler TERRY PAULSON 11-19-05 850-865-7489							
SIGNATURE:   My John   FRRY   AU   SON   1 - 17 - 03 850-865 - 7489   Bridging Design   Date   Date							