

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P98000000853					
1. Entity Name COASTAL DEVELOPMENT CORPORATION OF DESTIN, INC.					
Principal Place of Business 4507 FURLING LN. UNIT 110 DESTIN, FL 32541			Mailing Address 4507 FURLING LN. UNIT 110 DESTIN, FL 32541		
2. Principal Place of Business 8138-THIRD ST SUITE, APT. #, ETC. UNIT #5 City & State NAVARRE FL Zip 32566 Country USA			3. Mailing Address 8138-THIRD ST. SUITE, APT. #, ETC. UNIT #5 City & State NAVARRE FL Zip 32566 Country USA		
4. FEI Number 59-3484212				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAULSON, TERRY 4507 FURLING LANE UNIT 110 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name <u>TERRY PAULSON</u> Street Address (P.O. Box Number is Not Acceptable) 8668 NAVARRE PKWY UNIT 330 City <u>NAVARRE</u> FL <u>32566</u>		
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 <u>Terry Paulson</u> <u>DPS</u> <u>11-19-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00. After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PAULSON, TERRY 4507 FURLING LANE, UNIT 110 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPS PAULSON, TERRY 8668-NAVARRE PKWY UNIT 330 NAVARRE FL 32566	
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	500061626275 11/22/05--01055--005 **158.75	
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	
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: <u>Terry Paulson</u> <u>TERRY PAULSON</u>			<u>11-19-05</u> <u>850-865-7489</u> <small>Date Daytime Phone #</small>		