

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAR -5 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000019851

1. Corporation Name

Vacation Club of Destin, Inc.

2. Principal Office Address

1219 Airport Road

Suite, Apt. #, etc.

Suite 314

City & State

Destin, Florida

Zip

32541

Country

U.S.A.

3. Mailing Office Address

P.O. Box 572

Suite, Apt. #, etc.

City & State

Destin, Florida

Zip

32540

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

3/2/1998

5. FEI Number

621739400

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Danny R. Kemp

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

1219 Airport Road

Suite, Apt. #, Etc.

Suite 314

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 March 4, 2001

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
D.	Danny R. Kemp	1219 Airport Road Suite 314	Destin, Florida 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)(f), 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:

3/4/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (8/00)

**SMITH
SAUER
& DEMARIA**

ATTORNEYS AT LAW

By Federal Express

March 4, 2002

*G. Thomas Smith
Board Certified
Real Estate Attorney*

Secretary of State
Corporate Records Division
Department of State
409 East Gaines Street
Tallahassee, FL 32399

RE: Vacation Club of Destin, Inc.
Document Number P98000019851

Dear Sir or Madam:

Enclosed please find the original executed Corporation Reinstatement Application together with a check in the amount of \$308.75 to cover the cost of the annual report fees, corporate supplemental fee, and the Certificate of Status fee.

Please be informed that our client, Vacation Club of Destin, Inc., has not received the annual reports mailed to their company because of an incorrect address on file. We would appreciate your reviewing our request to waive the reinstatement fee of \$600.00 and reinstate Vacation Club of Destin, Inc. with the information provided on the reinstatement application at a cost of \$300.00. This also confirms our understanding that the reinstatement application will act as the corporation's annual reports from 2001.

Please return the Certificate of Status to us as evidence of filing to my attention at P.O. Box 12446, Pensacola, Florida 32582-2446.

Your time and attention to this matter are greatly appreciated. If you have any questions or need additional information, please do not hesitate to give our office a call at (850) 434-2761.