ASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **JRIDA DEPARTMENT OF STATE APPLICATION** FILED. Katherine Harris FOR Secretary of State REINSTATEMENT 00 MAR - 9 AM II: 45 DIVISION OF CORPORATIONS DOCUMENT # SECRETARY OF STATE TARBAMASSEE. FLORIDA 1. Corporation Name Gulf Coast Builders of Destin, Inc. Principal Place of Business Mailing Address 4428 Southminister Circle Niceville, Florida If above addresses are incorrect in any way, line through incorrect information and enter correction below. 2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For 59-3528560 City & State City & State Not Applicable \$8.75 Additional Fee required for a Certificate of Status Zio Country Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers Street Address of Each Title(s) and/or Directors City / State / Zip Officer and/or Director (Do NOT Use Post Office Box Numbers) 4428 Southminister Circle P Niceville, Florida 32578 Richard V. Snowden S/T Ceceilia Ann Snowden 4428 Southminister Circle Niceville, Florida 32578 **300003130183--**| -03/22/00--01077--002 ****<u>900 00</u> 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent Lamar Conerly, Jr. Lori Ellen Ward 1234 Airport Road, Suite 111 Street Address (P.O. Box Number is Not Acceptable) 607 Highway 98 East Destin, Florida Suite, Apt. #, Etc. City Destin I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. This corporation owes the current year (See other side for information on intangible tax.) Intangible Personal Property Tax due June 30. 2. 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 filling 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 \$19.07(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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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