


PLEASE READ ALL INSTRUCTIONS BEFORE COMF

FILED
Mar 11, 2002 8:00 am
Secretary of State

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

DOCUMENT # P98000072437

1. Corporation Name

Gulf Coast Builders of Destin, Inc.

2. Principal Office Address

724 Caribbean Way

Suite, Apt. #, etc.

City & State

Niceville, Florida

Zip

32578

Country

USA

3. Mailing Office Address

724 Caribbean Way

Suite, Apt. #, etc.

City & State

Niceville, Florida

Zip

32578

Country

USA

REINSTATEMENT 01-02

4. Date Incorporated or Qualified To Do Business in Florida

Aug. 19, 1998

5. FEI Number

59-3528560

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

L. Paul Sirmans

300005139923-3

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

607 Highway 98 East

-03/22/02--01/002--009

*****900.00 *****900.00

Suite, Apt. #, Etc.

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

[Signature]

Date 3/7/2

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/P	Richard V. Snowden	724 Caribbean Way	Niceville, Florida 32578
S/T	Cecilia Ann Snowden	724 Caribbean Way	Niceville, Florida 32578

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:

Cecilia Ann Snowden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/07/2002

Date

Daytime Phone #