PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE CORPORATION 03 NOV -6 PH 4: 14 Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS SECRETARY OF STATE TÄLLAHASSEE, FLORIDA DOCUMENT # P98000072437 1. Corporation Name Gulf Coast Builders of Destin, Inc. 2. Principal Office Address 3. Mailing Office Address 724 Caribbean Way 724 Caribbean Way Suite, Apt, #, etc. Suite, Apt. #, etc. Date Incorporated or Qualified August 19, 1998 To Do Business in Florida City & State City & State 5. FEI Number Applied For Niceville, Florida Niceville, Florida 593528560 Not Applicable Country Country \$8.75 Additional Fee required for a Certificate of Status CERTIFICATE OF STATUS DESIRED 32578 **USA** 32578 USA 7. Name and Address of Current Registered Agent Lori Ellen Ward, Esq. c/o Matthews & Hawkins, P.A. Street Address (P.O. Box Number is Not Acceptable) 4475 Legendary Drive Suite, Apt. #, Etc. State Zip Code Destin 32541 CR2E081 (10/02) 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 REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director Titles City / State / Zip DP Richard V. Snowden 724 Caribbean Way Niceville, Florida 32578 ST Ceceilia 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #