

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 28 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000085257

1. Corporation Name

VISTA DEL SOL, INC.

Principal Place of Business

1080 CRANE COVE BOULEVARD
GULF BREEZE FL 32561

Mailing Address

POST OFFICE BOX 23
FT. WALTON BEACH FL 32548



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

09

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/05/1998	
City & State		City & State		5. FEI Number	
Zip		Country		59-3536681	
				Applied For	
				Not Applicable	
6. CERTIFICATE OF STATUS DESIRED					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P (President)	Bobby Holbrook	3601 Devon St Tampa, FL 33605	Tampa, FL 33605
V (V.P.)	Jeff Arnett	1080 Crane Cove Boulevard	Gulf Breeze, Florida 32561
S/T (Treasurer)	Richard Rsiarezek	216A Oakdale Ave	Mary Esther, FL 32561
			400003089744--7 -01/06/00--01002--030 ****758.75 ****758.75 LS

8. Name and Address of Current Registered Agent

ARNETT, JEFFREY D
1080 CRANE COVE BOULEVARD
GULF BREEZE FL 32561

9. Name and Address of New Registered Agent

Name Richard Rsiarezek
Street Address (P.O. Box Number is Not Acceptable)
216A Oakdale Avenue
Suite, Apt. #, Etc.
City Mary Esther
State FL
Zip Code 32569

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date 12-27-99

11. 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-27-99

Date

Daytime Phone #

850-664-605