	PLEAS	E HEAD A	<u>LL INS i</u>	<u>HUCTIONS</u>	BEFORE (ZOM LETI	NG IHIS FURIN	1.	
APF	PLICATION	5° 6 %	FLORIDA	DEPARTMEN			•		•
FOR			Katherine Ha		FILED				
REINS	STATEMENT	Case SE INC.	יום	VISION OF CORPO		00 11		1	
DOCL	JMENT #/	enne	7117102)			OV-1 PM 5:37		J
June's Dunes, Inc.						SEC	RETARY OF STATE MRASSEE. PLORIE	ìΔ	
JUII	63 2000					14-delina	Wayoons I comi	•	
Principal Pla	ice of Business		Mailing Addre	ess		-			
180 0	10 Hiway 91	? <i>E.</i>	530 E	Benning	g Dr.			_	
) est	in, PlA	اد	Dest	in, Fl	2001		TATERNEN	$\tau \alpha \alpha$	
€	02,			•	2541	KFIN2	TATEMEN		
	ddresses are incorrect in a icipal Office Address, If Ap		3. New Mailin	ng Office Address, If	Applicable	4. Date Incorpo	orated or Qualified	100	
			Suite, Apt. #,	etc.	3 pr.	To Do Business in Florida 10/98			
City & State	- · · · - · · · · · · · · · · · · · · ·		City & State	. 61		5. FEI Number	533861	Applied Fo	
Zip	Country		Dest	Country	y	6.	OF STATUS DESIRED	8.75 Additional File of Total Certificate of Sci.	qoued
7. Namos a	nd Stroot Addresses of E	ach Officer and/or	Birector (Flor		734	1		Tota Cerum are or s .	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations Name of Officers Street Addresses of Each Officers Title(s) and/or Directors Officer a						h	City /	State / Zip	
2 3				3 (Do NOT U	se Post Office Box	Numbers)	4		
165.	Dean Clin	iton N	hite	, 30 L	Jenni I	ng 07.	Destin,	F1 3254	1/
T Mary Alice White						5AM6			
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						60	0003038 -11/08/990	7660)
							****750.00	****750.00	_
								LS	
	8. Name and Addre	ss of Current Re	gistered Age	nt		9. Name and	 Address of New Registere	d Agent	
Dean C- White Name						(12)90			
5-30 Benning Dr. Destin, Fr 32541 Suite.						And # Fig. 50			
Destin, F1 32541					Sulte, Apt. #, Etc.				
					City		Sta	ate Zip Code	
10. I, being	appointed the registered	agent of the abov	named orpo	oration, am familiar w	with and accept the	obligations of Secti	on 607.0505, F.S.	100	
Signature of Registered :		(\cdot)	Millo	7			Date 10/24	199	
44 Th	is sorrorotion			ENT MUST SIGN					\dashv
	is corporation (angible Person				Yes	X No C		side for information tangible tax.)	
					this application as	provided for in cha	upter 607 or 617, F.S. I furth	er certify that when fili	ng
this rein owed by	statement application, the the corporation have bee	reason for dissolu In paid and the na	ition has been mes of individ	eliminated, the corp uals listed on this for	orate name satisfie rm do not qualify fo	s the requirements r an exemption un	of section 607.0401 or 617 der section 119.07(3)(i), F.S	.0401, F.S., that all fee	98
on this a	application is true and acc	urate, and my sign	ature shall ha	ve the same legal ef	fect as if made und	er oath.			
	1)10	0 1	1 Cht	- Ne	د ر ا	N/hite	10/24/99	850-650	يماناه.
SIGNAT	URE: SIGNATURE AN	ID TYPED OR PRIN	TED NAME OF	SIGNING OFFICER OR	DIRECTOR	N MIL	Date	Daytime Phone #	717
									1