

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 10 AM 11:27

DOCUMENT # P99000022102

1. Corporation Name

Pintail Development Corporation

500004649455--0

-10/23/01--01029--015

****600.00 ****600.00

500004649455--0

-10/23/01--01029--016

****165.00 ****165.00

REINSTATEMENT

2. Principal Office Address

610 Grand Boulevard

Suite, Apt. #, etc.
200

City & State

Destin, Florida

Zip Country
32550 USA

3. Mailing Office Address

610 Grand Boulevard

Suite, Apt. #, etc.
200

City & State

Destin, Florida

Zip Country
32550 USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

March 10, 1999

5. FEI Number

59-3566765

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

John W. Hawkins

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

607 Highway 98 East

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

REGISTERED AGENT MUST SIGN

Date 10/8/01

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
P	Michael K. Taylor	39 Bayhaven Ct.	Destin, Florida 32544
VP/S/T	J. Keane Taylor	3007 Bay Villa Drive	Destin, Florida 32550

AD

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)(l), 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

Michael K Taylor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/8/01

Date

850-622-1901

Daytime Phone #

CR2E081 (9/00)