

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 22 PM 12:22

FLORIDA DEPARTMENT OF STATE  
John W. Hawkins  
Secretary of State  
DIVISION OF



DOCUMENT # P99000022494

1. Corporation Name

Pintail Properties, Inc.

2. Principal Office Address

610 Grand Blvd.

3. Mailing Office Address

610 Grand Blvd.

Suite, Apt. #, etc.

200

Suite, Apt. #, etc.

200

City & State

Destin FL

City & State

Destin FL

Zip

32550

Country

US

Zip

32550

Country

US

4. Date Incorporated or Qualified To Do Business in Florida

3/11/99

5. FEI Number

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, Esq.

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

607 Hwy 98 East

Suite, Apt. #, Etc.

City

Destin, FL

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 817.0503, F.S.

Signature of Registered Agent

*John W. Hawkins*  
REGISTERED AGENT MUST SIGN

Date 4/30/01

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 Bay Haven Ct.	Destin, FL 32550
V/S/T	J. Keane Taylor	3007 Bay Villas Dr.	Destin, FL 32550

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

Date

Daytime Phone #

05/19/00 90073007 9150

300004435543-3  
-06/21/01--01083--04  
\*\*\*150.00 \*\*\*150.00

SP

Form **SS-4**

(Rev. April 2000)  
Department of the Treasury  
Internal Revenue Service

### Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (legal name) (see instructions) <b>PONTAL PROPERTIES, INC</b>		3 Executor, trustee, "care of" name	
2 Trade name of business (if different from name on line 1)		5a Business address (if different from address on lines 4a and 4b)	
4a Mailing address (street address) (room, apt., or suite no.) <b>610 GRAND BLVD, STE 200</b>		5b City, state, and ZIP code	
4b City, state, and ZIP code <b>DESTIN FL 32550</b>		6 County and state where principal business is located <b>WALTON COUNTY, FLORIDA</b>	
7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶			

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- Sole proprietor (SSN)
- Partnership
- REMIC
- State/local government
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Other (specify) ▶ **CORPORATION**
- Estate (SSN of decedent)
- Personal service corp.
- National Guard
- Farmers' cooperative
- Church or church-controlled organization
- Other nonprofit organization (specify) ▶
- Federal government/military
- Plan administrator (SSN)
- Other corporation (specify) ▶
- Trust

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State <b>FLORIDA</b>	Foreign country
-------------------------	-----------------

9 Reason for applying (Check only one box.) (see instructions)

- Started new business (specify type) ▶ **REAL ESTATE**
- Banking purpose (specify purpose) ▶
- Changed type of organization (specify new type) ▶
- Purchased going business
- Created a trust (specify type) ▶
- Other (specify) ▶
- Hired employees (Check the box and see line 12.)
- Created a pension plan (specify type) ▶

10 Date business started or acquired (month, day, year) (see instructions) **3/11/99**

11 Closing month of accounting year (see instructions)

12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ▶ **N/A**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions)

Nonagricultural	Agricultural	Household
0	0	0

14 Principal activity (see instructions) ▶ **REAL ESTATE DEVELOPMENT**

15 Is the principal business activity manufacturing? . . . . .  Yes  No  
If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check one box.  Business (wholesale)  Public (retail)  Other (specify) ▶ **N/A**

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .  Yes  No  
Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.  
Legal name ▶ Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.  
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

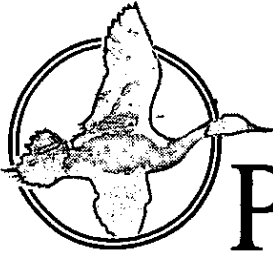
Name and title (Please type or print clearly) ▶ **MICHAEL L. TAYLOR**

Business telephone number (include area code) (850) 622-1901  
Fax telephone number (include area code) (850) 622-1902

Signature ▶ *[Signature]* Date ▶ **4/30/01**

Note: Do not write below this line. For official use only.

Please leave blank ▶	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------



# PINTAIL DEVELOPMENT CORPORATION

April 30, 2001

Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Re: Pintail Properties, Inc.

Dear Sir or Madam:

Pursuant to my conversation with Michelle in the Reinstatement Division, enclosed please find a completed Reinstatement Application with attachments and check for \$150.00. As I explained to Michelle, I was unaware that this corporation had been administratively dissolved. I only learned of this when I called to find out why I did not receive a UBR Form this year. Furthermore, I was told the corporation had been dissolved for failure to file last year's UBR Form and complete Block 4 of the Form.

I filed a UBR form last year and the check for the filing fee was cashed. I never received any notice that there was a problem and assumed that the filing was complete since the check had been cashed. I would appreciate you accepting our application for Reinstatement, check for \$150.00 for the UBR annual fee for 2001 and waiving any penalty fees that currently exist.

Thank you for your professional assistance.

Sincerely,

Michelle Adams  
Office Manager  
Pintail Properties, Inc.