

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

PG 102

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV -3 PM 2: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000069674

1. Corporation Name

TEZZ OF DESTIN, INC.

Principal Place of Business

Mailing Address

127 HIGHWAY 98 EAST SUITE 8
DESTIN FL 32541

127 HIGHWAY 98 EAST SUITE 8
DESTIN FL 32541

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/29/1999

5. FEI Number

59-3647315

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
D	O'DELL, DEBBIE D	127 HIGHWAY 98 EAST SUITE 8	DESTIN FL 32541
D	O'DELL, GREG W	127 HIGHWAY 98 EAST SUITE 8	DESTIN FL 32541
			800003473518--5 -11/21/00--01111--019 ****150.00 ****150.00
			SP

8. Name and Address of Current Registered Agent

O'DELL, DEBBIE D
127 HIGHWAY 98 EAST SUITE 8
DESTIN FL 32541

9. Name and Address of New Registered Agent

Name SAME

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

Suite, Apt. #, Etc.

City State Zip Code
FL

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

Debbie O'Dell
REGISTERED AGENT MUST SIGN

Date 10/31/00

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:

Debbie O'Dell Debbie O'Dell 10/31/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

850-837-5028

CR2E040 (8/00)

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TRAVEL EASE
127 EAST HIWAY 98 STE 8
DESTIN, FL 32541
850-837-5028
850-243-3185
FAX

November 1, 2000

State of Florida
Dept of State
409 E Gaines St
Tallahassee FL 32399

Dear Sir:

Please find enclosed our application for reinstatement
of our corporation with the Secretary of State.

The annual renewal was mailed on time in April
but apparently has been lost in the mail, it has not
been returned to us nor has our check cleared our
bank. I had no idea that this was outstanding.

Please, waive whatever late fees or penalties as we really
did respond on time.

Thanks,

Debbie O'Dell