

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

00 MAY 24 PM 3:36

**DOCUMENT #** P94000003746

**1. Corporation Name**  
EDEN III, INC.

**2. Principal Office Address**  
2300 20TH STREET

Suite, Apt. #, etc.

**City & State**  
GULFPORT, MS

**Zip Country**  
39501 USA

**3. Mailing Office Address**  
2300 20TH STREET

Suite, Apt. #, etc.

**City & State**  
GULFPORT, MS

**Zip Country**  
39501 USA

**REINSTATEMENT** 99-00

**4. Date Incorporated or Qualified To Do Business in Florida** 1/14/94

**5. FEI Number**  
59-3231567

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**  
J. LOFTIN WESTMORELAND

**Street Address (P.O. Box Number is Not Acceptable)**  
220 WEST GARDEN STREET

**Suite, Apt. #, Etc.**  
9TH FLOOR SUNTRUST TOWER

**City**  
PENSACOLA,

**State Zip Code**  
FL 32501

200003298627-8  
-06/21/00--01034--014  
\*\*\*1208.75 \*\*\*1208.75

**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** *[Signature]*  
REGISTERED AGENT MUST SIGN

**Date** 5/21/00

**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  |
|--------|-----------------------------------|--|---------------------|
| PD     | JOHN C. ELLIS, JR.                | 16281 PERDIDO KEY DRIVE                        | PENSACOLA, FL 32507 |
| STD    | CHARLES F. McREYNOLDS             | 494 CHANNEL MARK DRIVE                         | BILOXI, MS 39531    |
| D      | ROY ANDERSON                      | 11400 RIECHOLD ROAD                            | GULFPORT, MS 39503  |
|        |                                   |  |                     |
|        |                                   |  |                     |
|        |                                   |  |                     |

**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:** JOHN C. ELLIS, JR.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Date** 5-10-00  
**Daytime Phone #** 228-594-3605