

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED
 DATE
 FILED

97 DEC 15 AM 10:29

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **728937**

1. Corporation Name
SAND CASTLE I ASSOCIATION, INC.

Principal Place of Business Mailing Address

**20000 GULF BLVD.
 INDIAN SHORES FL 33785** **20000 GULF BLVD.
 INDIAN SHORES FL 33785**

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



800002375378--5
 -12/17/97--01091--003

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 To Do Business in Florida **02/26/1974**

5. FEI Number **59-1561279**

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	WHITMYRE, RITA	20000 GULF BLVD	INDIAN SHORES FL 33785
D	TWACHTMANN, MARY S	4220 GLEN HAVEN LA	TAMPA FL
P	HUBBERT, DOUGLAS	29 REDSTONE PATH	ETOBICOKE ONT CANADA M9C-1Y7
VP	LEVY, GEORGE A	2614 W. KENNEDY BLVD	TAMPA FL 33609
D	KEESLER, NORMA	11304 CARROLWOOD W PL	TAMPA FL 33688

REINSTATEMENT (97)

8. Name and Address of Current Registered Agent

FULLERTON, BARBARA
20700 GULF BLVD APT 403
INDIAN SHORES FL 34635

9. Name and Address of New Registered Agent

Name _____

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

Suite, Apt. #, Etc. _____

City _____ State **FL** Zip Code _____

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 *Barbara J. Fullerton* Date **12/11/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: **Rita Whitmyre** *Rita Whitmyre* 12/11/97 813-596-7909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/97)