

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **758737**

1. Corporation Name

SAND DOLLAR VILLAS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3056 SO FLETHCER AVE
 FERNANDINA BCH FL 32034-2379

3056 SO FLETHCER AVE
 FERNANDINA BCH FL 32034-2379

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

FILED
 00 JUL -5 AM 11:04
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



REINSTATEMENT 09-00

4. Date Incorporated or Qualified To Do Business in Florida

06/12/1981

5. FEI Number

59-2357421

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	TOLLISON, KENNETH H	3325 CORRAL PARK DRIVE	BRUNSWICK GA 1520
VP	CARTER, JAMES	107 SAILFISH WAY	BRUNSWICK GA 31520
D	ANDERSON, ANDY	3988 CHURCH ROAD	CALLAHAN FL 32011
P	MCWILLIAMS, BUDDY	211 FRALEIGH DR	MADISON FL 32340
D	HARLESS, SYLVIA	1510 ABERDEEN AVE.	JACKSONVILLE FL 32205
SD	RACZYNSKI, JUDITH L.	2450 CAPTAIN HOOK	FERNANDINA BEACH, FL 32034

8. Name and Address of Current Registered Agent

WOOD, MARSHALL E
 303 CENTRE STREET
 SUITE 100
 FERNANDINA BEACH FL 32034

9. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc. 0000003334590--1
 -07/25/00--01034--002
 City ****297-50 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

Signature
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date

6/30/00

KE

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 6/30/00 (904) 261-2710
 Date Daytime Phone #

CR2E040 (8/99)