

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



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

FILED
 02 JUN 14 PM 12:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION
 REINSTATEMENT

DOCUMENT # **759071**

1. Corporation Name

Sands Point Homeowners Association, Inc.

2. Principal Office Address 1167 Ocean Shore Blvd		3. Mailing Office Address 1167 Ocean Shore Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ormond Beach Fl		City & State Ormond Beach Fl	
Zip 32176	Country Volusia	Zip 32176	Country Volusia

REINSTATEMENT *02-02*

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name A1A Tax & Bookkeeping, Inc.	
Street Address (P.O. Box Number is Not Acceptable) 55 Longwood Drive	
Suite, Apt. #, Etc.	
City Ormond Beach	State FL
Zip Code 32176	Zip Code 32176

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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 Sherry Ellis Date 6/10/02
 REGISTERED AGENT MUST SIGN

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/D	Garth Saalfield	1167 Ocean Shore Blvd #10	Ormond Beach Fl 32176
VP/D	Marcia A. Monahan	1167 Ocean Shore Blvd #8	Ormond Beach Fl 32176
S/D	Marty Lewis	137 Washington St.	St. Augustine, Fl 32084

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: Marcia A. Monahan MARCIA A. MONAHAN Date 6/10/02 Daytime Phone # 3866728113
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (9/01)