

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000007642		
1. Entity Name SAND DOLLAR MOVING, INC.		

FILED
2007 DEC 21 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 6201 THOMAS DR UNIT 1706 PANAMA CITY BEACH, FL 33413	Mailing Address 6201 THOMAS DR UNIT 1706 PANAMA CITY BEACH, FL 33413
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2. Principal Place of Business - No P.O. Box # 214 Palm Circle Suite, Apt. #, etc.	3. Mailing Address 214 Palm Circle Suite, Apt. #, etc.
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City & State Panama City Beach, Fla	City & State Panama City Beach, Fla
Zip 32413-5220	Country Bay



6. Name and Address of Current Registered Agent ROTH, JEIDI M ESQ 2600 DOUGLAS RD STE 501 CORAL GABLES, FL 33134	
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4. FEI Number	☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D President WESTERFIELD, JAMES J 6201 THOMAS DR - UNIT 1706 PANAMA CITY BEACH, FL 33413 32413-5220	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Desi Martin 214 Palm Circle Panama City Beach, Fla 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-president Paul E. Howard 214 Palm Circle Panama City Beach, Fla 32413
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000113335720 12/21/07--01009--006 **150.00
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Desi Martin Secretary 12/19/07 (850) 236-6351

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

DEC 21 2007