

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 JUN 14 P 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000136129

1. Corporation Name

Sandal Club Inc.

2. Principal Office Address - No P.O. Box #

1060 NE 79 Street

Suite, Apt. #, etc.

City & State

Miami, FL 33138

Zip

33138

Country

U.S.

3. Mailing Office Address

777 NE 79 Street

Suite, Apt. #, etc.

104

City & State

Miami, FL

Zip

33138

Country

U.S.

CR2E081 (6/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/26/2006

5. FEI Number

205787758

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

Frantz Olivier

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

777 NE 79 Street

Suite, Apt. #, Etc.

104

City

Miami

State

FL

Zip Code

33138

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 6/4/10

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
<u>P.D.</u>	<u>Frantz Olivier</u>	<u>777 NE 79 Street</u>	<u>Miami, FL 33138</u>

REINSTATEMENT

08-10
[Signature]

06/11/10--01029--001 **1050.00
400181986104
06/11/10--01029--001 **1050.00

10. E-mail Address: Frantz.olivier@yahoo.com

(To be used for future annual report notification)

11. 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. I further certify, 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

6/4/10 305-758-1893
Date Daytime Phone #