

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 728937

1. Corporation Name

SAND CASTLE I ASSOCIATION, INC.

Principal Place of Business

20000 GULF BLVD.
INDIAN SHORES FL 33785

Mailing Address

20000 GULF BLVD.
INDIAN SHORES FL 33785

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

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*
REGISTERED AGENT MUST SIGN

Date **12/11/97**

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/11/97
Date

813-596-7909
Daytime Phone #

CR2E040 (8/97)