

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 OCT -4 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/09/02--01058--010
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REINSTATEMENT 89-02

DOCUMENT #

1. Corporation Name

SAND IN THE SHOES, INC.

2. Principal Office Address

33 WEST POINT DR.

Suite, Apt. #, etc.

City & State

COCOA BEACH, FL 32931

Zip

32931

Country

3. Mailing Office Address

33 WEST POINT DRIVE

Suite, Apt. #, etc.

City & State

COCOA BEACH, FL 32931

Zip

32931

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

AUG 15, 1983

5. FEI Number

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

COLETTE CANNON

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

33 WEST POINT DRIVE

Suite, Apt. #, Etc.

City

COCOA BEACH

State

FL

Zip Code

32931

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

Colette Cannon

REGISTERED AGENT MUST SIGN

Date 9/30/2002

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
PRES	COLETTE CANNON	33 WEST POINT DRIVE	COCOA BEACH, FL 32931
v/p	LONA BELL	42 YAWL DRIVE	COCOA BEACH, FL 32931
SEC	FRANK M. COLOMBO	3260 TREETOP DRIVE	TITUSVILLE, FL 32780
TREAS.	GERALD GIBSON	200 S. SYKES CREEK PKWY	MERRITT ISLAND, FL 32952
		#401	

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.

COLETTE CANNON, PRES.

321-783-4816

SIGNATURE:

Colette Cannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/2002

Date

Daytime Phone #

CR2E081 (9/01)