



2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 724640 1. Entity Name SANDALFOOT SOUTH TWO, INC.						FILE # 3013 FILED 1-06 07 MAR -8 AM 11:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9818 MARINA BLVD APT. 1246 BOCA RATON, FL 33428		Mailing Address 9818 MARINA BLVD APT. 1246 BOCA RATON, FL 33428					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-5113317				Applied For Not Applicable		102006 REIN-NP CR2EC99 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>						\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GERSTUN, JOSHUA 399 W- PALMETTO PARK ROAD SUITE 108 BOCA RATON, FL 33432				7. Name and Address of New Registered Agent			
Joshua Gerstin 1499 W Palmetto Park Rd Suite 412 Boca Raton FL 33486				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$61.25 After January 1, 2007, Fee will be \$122.50			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MARTINS, OLVIRO 9818 MARINA BLVD, # 1216 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Mary Delgado 9826 Marina Blvd # 1025 Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARKEY, PATRICIA 9818 MARINA BLVD., # 1234 BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lester Weisenfeld 9810 Marina Blvd # 1112 Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUECHER, SYVIA 9818 MARINA BLVD, 1238 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP Vincent Vicidomini 9810 Marina Blvd. # 1126 Boca Raton, FL 33428	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LIUZZI, VINCENT 9818 MARIAN BLVD., 1231 BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100095883191 04/05/07--01029--010 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEMUNN, DOROTHY 9818 MARINA BLVD #1230 BOCA RATON, FL 33426	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100095883191 04/05/07--01029--011 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

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 617, 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: Mary Delgado 1-31-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date