




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 748080			
1. Corporation Name Sea Dunes Sand Castle Association, Inc.			
2. Principal Office Address 4345 South Atlantic Ave Suite, Apt. #, etc. # C10 City & State New Smyrna Beach, FL Zip 32169 Country USA		3. Mailing Office Address 4345 South Atlantic Ave Suite, Apt. #, etc. #C10 City & State New Smyrna Beach, FL Zip 32169 Country USA	
		4. Date Incorporated or Qualified To Do Business in Florida 7/16/79	
		5. FEI Number 59-2709046	
		6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$3.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent			
Name Dan Pohlar			
Street Address (P.O. Box Number is Not Acceptable) 4345 S. Atlantic Ave.			
Suite, Apt. #, Etc. # C10			
City New Smyrna Beach		State FL	Zip Code 32169
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 		Date 12/2/05	
REGISTERED AGENT MUST SIGN			
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
P/D	Dan Pohlar	4345 S. Atlantic Ave	New Smyrna, FL 32169
V	David Edelson, MD	1165 Northern Blvd, #300	Manhasset, NY 11030
*since annual renewal form was never received (returned to sender), \$175 reinstatement fee was waived per Tina at your office			
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.			
SIGNATURE: 		Date 12/2/05	Daytime Phone # 386-423-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #