

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC -3 PM 12:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002148

1. Corporation Name

L. M. SANDLER & SONS, INC.

Principal Place of Business

P.O. BOX 8790
VIRGINIA BEACH VA 23450

Mailing Address

P.O. BOX 8790
VIRGINIA BEACH VA 23450

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/02/1995

5. FEI Number

54-1737065

Applied For

Not Applicable

6. ~~REINSTATEMENT~~ **REINSTATEMENT**

7.5 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SANDLER, STEVEN B	448 VIKING DR., STE. 220	VIRGINIA BEACH VA 23452
AS	GOTTLIEB, RAYMOND	448 VIKING DR., STE. 220	VIRGINIA BEACH VA 23452
VST	SANDLER, ARTHUR B	448 VIKING DR., STE. 220	VIRGINIA BEACH VA 23452
			800003070398--9 -12/15/99--01011--009 *****750.00 *****750.00
			800003070398--9 -12/15/99--01011--010 *****8.75 *****8.75

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Kevin J. Gallagher
REGISTERED AGENT MUST SIGN

KEVIN J. GALLAGHER
ASSISTANT VICE PRESIDENT

Date 12/01/99

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Art B Sandler

ART B SANDLER

10-19-99

Date

757-421-8500

Daytime Phone #

VST

KE