

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC -9 AM 8:00

**CORPORATION
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K40811

1. Corporation Name

White Sands Beach Service, Inc.

REINSTATEMENT

98-04
MRD

2. Principal Office Address

4593 Luke Ave

Suite, Apt. #, etc.

City & State

Destin, Florida

Zip

32541

Country

Okaloosa

3. Mailing Office Address

4593 Luke Ave

Suite, Apt. #, etc.

City & State

Destin, Florida

Zip

32541

Country

Okaloosa

4. Date Incorporated or Qualified
To Do Business in Florida

Oct. 17, 1988

5. FEI Number

59-2912256

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

Thomas M. Curry

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

4593 Luke Ave.

Suite, Apt. #, Etc.

City

Destin

State
FL

Zip Code
32541

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

Thomas M. Curry
REGISTERED AGENT MUST SIGN

Date

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., T., S., C	Thomas M. Curry	4593 Luke Ave	Destin, FL 32541

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: Thomas M. Curry President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas M. Curry 850-654-5369

Date

Daytime Phone #

CR2001 (01/04)