

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

REINSTATEMENT 98-04
MRD

DOCUMENT # K40811

1. Corporation Name
White Sands Beach Service, Inc.

2. Principal Office Address 4593 Luke Ave Suite, Apt. #, etc.		3. Mailing Office Address 4593 Luke Ave Suite, Apt. #, etc.	
City & State Destin, Florida		City & State Destin, Florida	
Zip 32541	Country Okaloosa	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 Date _____
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, T, S, C	Thomas M. Curry	4593 Luke Ave	Destin, FL 32541

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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 Thomas M. Curry 850-654-5369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (01/04)