

APPLICATION  
FOR *ab*  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONSAPPROVED  
AND  
FILED

1997 SEP 15 AM 9:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDADOCUMENT # *K90879*

1. Corporation Name

Sandhamn Inc.

Mailing Address

Principal Place of Business

5370 Gulf of Mexico Drive  
Longboat Key, FL 34228

SAME

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

DO NOT WRITE IN THIS SPACE

2. New Mailing Address, If Applicable

5370 Gulf of Mexico Drive

3. New Principal Office Address, If Applicable

SAME

4. Date Incorporated or Qualified  
To Do Business in Florida

5-25-89

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0141849

Applied For

Not Applicable

City &amp; State

Longboat Key, FL

City &amp; State

Zip

34228

Country

Manatee

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐\$8.75 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City - State - Zip
PSTD	Elizabeth Breuer, President, Secretary, Director	5370 Gulf of Mexico Drive Longboat Key, FL 34228	

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\*\*\*915.00 \*\*\*915.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

New Address for Registered Agent:

John J. Shea, Jr.  
630 South Orange Avenue  
Sarasota, FL 34236

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

REGISTERED AGENT MUST SIGN

Date

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

Date

Daytime Phone #