

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

03 NOV 25 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000024999

Name and Mailing Address

0009859 01 AT 0.292 **AUTO T6 0 0615 33706-393505

SANDZALAND, LLC
3606 1/2 GULF BLVD., #5
ST. PETE BEACH FL 33706-3935

REINSTATEMENT *JB*



2. New Mailing Address <i>N/A</i>		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/24/2002	
Principal Place of Business 3606 1/2 GULF BLVD., #5 ST. PETE BEACH FL 33706	3. New Principal Place of Business Address <i>N/A</i>	6. FEI Number	Applied For <input type="checkbox"/> Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent HOLLANDS, CHRISTOPHER R 3606 1/2 GULF BLVD., #5 ST. PETE BEACH FL 33706	9. Name and Address of New Registered Agent Name <i>SAME</i> Street Address (P.O. Box Number is Not Acceptable) 500025026515 11/25/03--01024--017 ***155.00 City FL Zip Code
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10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *CHRISTOPHER R. HOLLANDS* **SIGNATURE REQUIRED** Date *11-19-03*

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HOLLANDS, CHRISTOPHER R	3606 1/2 GULF BLVD., #5	ST. PETE BEACH FL 33706

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager *CHRISTOPHER R. HOLLANDS* **SIGNATURE REQUIRED** Date *11-19-03* Daytime Phone # *727-642-4141*

Typed or printed name of signing Managing Member/Manager