

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

08 OCT 13 AM 10:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 105 0000 83/82

**1. Limited Liability Company's Name**

SAND DOLLAR PROPERTY ENTERPRISES LLC

CR2E041 (12/07)

**2. Principal Office Address - No P.O. Box #**

7430 S. OCEAN DR

Suite, Apt. #, etc.

B-721

City & State

JENSEN BEACH, FL

Zip

34957

Country

US

**3. Mailing Office Address**

PO BOX 6025

Suite, Apt. #, etc.

City & State

JENSEN BEACH, FL

Zip

34957

Country

US

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

8-22-05

**6. FEI Number**

300 33 1126

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

DAVID HARRIS

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

1711 Whitehall Drive

Suite, Apt. #, Etc.

105

City

FT LAUDERDALE

State

FL

Zip Code

33324

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

**9. 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

Date 10/8/08

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	RAFAEL CASTELLANDS	7430 S OCEAN DR	JENSEN BEACH FL 34957
MGR	LEANNE CASTELLANDS	7430 S OCEAN DR	JENSEN BEACH FL 34957
			10/15/08--01003--001 **416.25
			900136927869
			10/15/08--01003--001 **416.25
			06-08

**11. 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

Date 10/4/08

Daytime Phone # 954 296 2426

Type or printed name of signing Managing Member/Manager

RAFAEL CASTELLANDS