

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT -5 AM 11:47
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L08000036894

1. Corporation Name

Ocean Sands Properties, LLC

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

EDGEWATER TOWER III

3. Mailing Office Address

1201 W PEACHTREE ST NW

Suite, Apt. #, etc.

614

Suite, Apt. #, etc.

3000

City & State

PANAMA, FL

City & State

Atlanta

Zip

32402

Country

Zip

30309

Country

REINSTATEMENT 09-11

4. Date Incorporated or Qualified

To Do Business in Florida 4/6/2008

5. FEI Number

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

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

500212953455
10/05/11-01022-005 ***516.26

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

Danny Verdecchia
REGISTERED AGENT MUST SIGN
Danny Verdecchia, Jr. Asst. Secretary

Date 10/04/2011

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
MGRM	Robert Vansant	8446 Campbellton Street	Douglasville, GA 30134

10. E-mail Address: eshaw@tpclg.com

(To be used for future annual report notification)

11. 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. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Max J. Wirth, Attorney-in-Fact

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/11
Date

944-384-4863
Daytime Phone #