
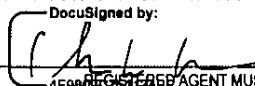
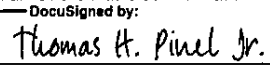


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

<b>LIMITED LIABILITY COMPANY</b> <b>REINSTATEMENT</b> <b>2014-2015</b>				<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # L12000051787</b>					
1. Limited Liability Company's Name <b>SAND DOLLAR PPW, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>119 Red Bay Drive</b>		3. Mailing Office Address <b>119 Red Bay Drive</b>		4. State/Country of Formation <b>Florida/USA</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <b>04/17/2012</b>	
City & State <b>Longwood, FL</b>		City & State <b>Longwood, FL</b>		6. FEI Number <b>45-5196598</b>	
Zip <b>32779</b>	Country <b>USA</b>	Zip <b>32779</b>	Country <b>USA</b>	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	
8. Name and Address of Current Registered Agent					
Name <b>Charles W. Cramer</b>					
Street Address (P.O. Box Number is Not Acceptable) Suite, <b>1411 Edgewater Drive</b>					
Apt. #, Etc. <b>Suite 200</b>					
City <b>Orlando</b>				State <b>FL</b>	Zip Code <b>32804</b>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.					
Signature of Registered Agent  Date <b>5/26/2015</b>					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
MGRM	Thomas Pinel	119 Red Bay Drive	Longwood, FL 32779		
MGRM	John Pinel	119 Red Bay Drive	Longwood, FL 32779		
MGRM	Suzanne Washburn	119 Red Bay Drive	Longwood, FL 32779		
11. E-mail Address <b>tpinel@taylormathis.com</b>					
12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. 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 of authorized representative/member  Date <b>5/26/2015</b> Daytime Phone # <b>(407) 579-6118</b>					
Typed or printed name of signing authorized representative/member <b>Thomas Pinel</b>					

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DocuSigned by:

4E9005057E15F AGENT MUST SIGN

(To be used for future annual report notifications)

DocuSigned by:

708EAC06 Thomas Pinel