

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
97-98 AR
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 OCT 19 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L36681

1. Corporation Name

HANNA'S SANDCASTLE DESIGNS, INC.

Principal Place of Business

Mailing Address

10745 EMERALD COAST PKWY WEST
DESTIN, FL 32541

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

2. New Principal Office Address, If Applicable

ABOVE

3. New Mailing Office Address, If Applicable

ABOVE

4. Date Incorporated or Qualified
To Do Business in Florida

DEC. 1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59 2992184

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PRES.	MARILYN HANNA	135 HEWETT PT RD	SANTA ROSA BEACH, FL 32541
V.P.	JOHN R. HANNA	135 HEWETT PT. RD	SANTA ROSA BEACH, FL 32541
V.P.	KAYCEE BARRINGTON	3940 MESA RD	DESTIN, FL 32541
VP	DALE BENNETT	182 BENT ARROW	DESTIN, FL 32541
* VP	CARL RICHARD BARRINGTON JR	3940 MESA RD	DESTIN, FL 32541
* New Addition if possible			

8. Name and Address of Current Registered Agent

JOHN R. HANNA
135 HEWETT PT. RD
SANTA ROSA BEACH, FL. 32459

9. Name and Address of New Registered Agent

Name

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

7000002669357--5

Suite, Apt. #, Etc.

10/21/98-01070-010

City

State

FL

Zip Code

****315.00 ****315.00

10. By 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

John R. Hanna

REGISTERED AGENT MUST SIGN

Date 10/14/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒

No ☐

(See other side for information
on intangible tax.)

12. 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, that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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

10/14/97

Daytime Phone #

850/654-4259

CR2E040 (1/98)