

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

00 JUL 24 AM 11:58

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # M87634

1. Corporation Name

Sea-Sand Investors, Inc.

2. Principal Office Address

2050 Coral Way

3. Mailing Office Address

Suite, Apt. #, etc.

#402

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Zip

33145

Country

Zip

Country

REINSTATEMENT 99-00

4. Date Incorporated or Qualified
To Do Business In Florida

6/29/88

5. FEI Number

65-0103932

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Oswaldo J. Mora, Esq.

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

2050 Coral Way

Suite, Apt. #, Etc.

#402

City

Miami

State

FL

Zip Code

33145

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

REGISTERED AGENT MUST SIGN

Date July 21, 2000

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
PDT	Hans Peter Brullman	2050 Coral Way, #402	Miami, Florida 33145
VP, S	Oswaldo J. Mora	2050 Coral Way #402	Miami, Florida 33145

10. 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., 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)(f), 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
 OSWALDO J. MORA VICE PRES.

Date

7/21/2000

Daytime Phone #

305-854 0870

KE