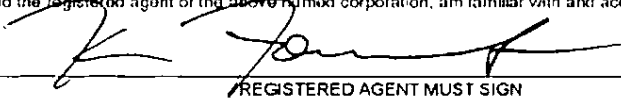
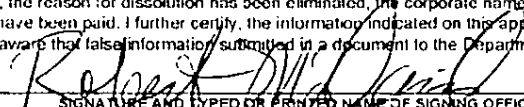


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 2001-2017		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		17 AUG 30 PM 5:34	
DOCUMENT # N00000000103					
1. Corporation Name Summer Sands Owners Association, Inc					
2. Principal Office Address - No P.O. Box # 2045 Fountain Professional Court		3. Mailing Office Address 2045 Fountain Professional Court			
Suite, Apt. #, etc. Suite A		Suite, Apt. #, etc. Suite A			
City & State Navarre, FL		City & State Navarre, FL			
Zip 32566	Country Santa Rosa	Zip 32566	Country Santa Rosa		
CR2E031 (11/16)					
		4. Date Incorporated or Qualified To Do Business in Florida 01/05/2000			
		5. FEI Number NONE		☒ 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 Kenneth R. Fountain					
Street Address (P.O. Box Number is Not Acceptable) 2045 Fountain Professional Court					
Suite, Apt. #, Etc. Suite A					
City Navarre		State FL	Zip Code 32566		
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				Date 8-28-17	
REGISTERED AGENT MUST SIGN					
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	
P/D	Michael Eltz	312 Pickens Drive		Goldaboro, NC 27530	
VP/D	Randy O'Boyle	7295 West 59th Avenue		Manhattan, KS 66503	
S&T/D	August Eltz, Jr.	104 Deer Court		Daphne, AL 32526	
D	Charles Maynard	1446 Bahia Drive, #2		Navarre Beach, FL 32566	
D	Robert McDavid	1448 Bahia Drive, #1		Navarre Beach, FL 32566	
10. E-mail Address: fountain@fountainlaw.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. 817.195, F.S.					
SIGNATURE:				Date 8/8/17	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					