

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 SEP 11 AM 9:55

**DOCUMENT # N02000006433**

**1. Corporation Name**

**Sandalwood Band Association, Inc.**

**2. Principal Office Address**

**2750 John Prom Blvd.**

**3. Mailing Office Address**

**2750 John Prom Blvd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32246**

Country

**US**

Zip

**32246**

Country

**US**

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**8/23/2002**

**5. FEL Number**

**23-7209269**

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

**Todd Ferrell**

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

**2750 John Prom Blvd.**

**800079815018**

**09/14/06--01022--003 \*\*245 00**

Suite, Apt. #, Etc.

City

**Jacksonville**

State

**FL**

Zip Code

**32246**

**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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

**8/10/06**

**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	Todd Ferrell	1230 Shallowford Drive East	Jacksonville, FL 32225
V	Missi Howell	12984 Quincy Bay Drive	Jacksonville, FL 32224
V	Andrea Smith	12317 Burning Embers Lane N.	Jacksonville, FL 32225
S	Trisha Millican	12544 Blue Eagle Way	Jacksonville, FL 32225
T	Michelle Parker	12341 Apple Leaf Drive	Jacksonville, FL 32224
D	Susan Blanchard	12938 Deep Lagoon Place E.	Jacksonville, FL 32246

**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 contained in Chapter 119, 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:**

*Trisha Millican* **TRISHA MILLICAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**9/4/06 904-221-8523**

Daytime Phone #