

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04503

1. Corporation Name

SANDALFOOT PLAZA PROPERTY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

7685 Lake Worth Rd

Suite, Apt. #, etc.

City & State
Lake Worth, FL

Zip 33467

Country USA

3. New Mailing Office Address, If Applicable

7685 Lake Worth Rd.

Suite, Apt. #, etc.

City & State
Lake Worth, FL

Zip 33467

Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/1/84

5. FEI Number

N/A

Applied For

Not Applicable

6. 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	Harry Brown	7685 Lake Worth Rd.	Lake Worth, FL 33467
D/VP	Peter C. Oberlink	461 Park Avenue South	New York, NY 10016
D/S/T	Kassandra Lower	7685 Lake Worth Rd.	Lake Worth, FL 33467

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-01/28/00-01005-016
1032.501032.50

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Robert L. Crane

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

515 N. Flagler Dr.

Suite, Apt. #, Etc.

Suite 1800

City

West Palm Beach

State

FL

Zip Code

33401

10. I, 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

REGISTERED AGENT MUST SIGN

Date 12-3-99

11. This corporation owes 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 607.0404 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)(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

Kassandra Lower, Secretary

Date

Daytime Phone #

561-433-3500

REINSTATEMENT 86-99

FILED

99 DEC 14 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA