

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 MAR 20 PM 2:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09217

1. Corporation Name

SAND DOLLAR CONDOMINIUM ASSOCIATION OF SOUTH MELBOURNE BEACH, INC.

2. Principal Office Address - No P.O. Box #

7752 NW 72ND AVE

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Zip

33166

Country

USA

Zip

Country

4. Date Incorporated or Qualified

To Do Business in Florida 05-10-1985

5. FEI Number

59-2775685

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

Miguel Miyar

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

7752 NW 72nd Ave

Suite, Apt. #, Etc

City

Miami, Florida

State

FL

Zip Code

33166

000219771450
03/19/12--01027--024 **\$1.25

000219771450
01/27/12--01036--010 **\$175.00

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 01-19-2012

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
PD	Miguel Miyar	7752 NW 72nd Ave	Miami, FL 33166
VP	Jacqueline Miyar	7752 NW 72nd Ave	Miami, FL 33166
D	Sam Arterburn	4209 S. Hwy A1A Unit B	Melbourne Beach, FL 32951

10. E-mail Address: mike@sd4.us

(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 817.155, F.S.

SIGNATURE:

01-19-2012 305-883-7278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #