

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

08 MAY 12 PM 12:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11033

1. Corporation Name

SAND DOLLAR SOUTH ASSOCIATION, INC.

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

723 Ben Franklin Dr.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

3. Mailing Office Address

723 Ben Franklin Dr.

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34236

Country

**REINSTATEMENT** 93-08

4. Date Incorporated or Qualified  
To Do Business in Florida

09/10/1985

5. FEI Number

020420690

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

Erik Dahlgaard

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

723 Ben Franklin Drive

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34236

☐ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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

*Erik Dahlgaard*

Date

5-7-08

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/T/D	Robert L. Gustafson	140 Ten Rod Road	Rochester, NH 03867
V/D	Charles Broadrick	797 Ben Franklin Drive	Sarasota, FL 34236
S/D	Erik Dahlgaard	723 Ben Franklin Drive	Sarasota, FL 34236

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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:

*Erik Dahlgaard*

Erik Dahlgaard

5-7-08

94-365-0062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

Date

Daytime Phone #