

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 FEB 20 PM 1:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N26548**

1. Corporation Name

**SAND RIDGE CENTRE, INC.**

Principal Place of Business

~~1023 N. U.S. #12~~  
~~SUITE A-3~~  
~~SEBASTIAN FL 32958~~

Mailing Address

~~1023 N. U.S. #12~~  
~~SUITE A-3~~  
~~SEBASTIAN FL 32958~~

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

2. New Principal Office Address, If Applicable, or New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

**1327 N. CENTRAL AVE.**

City & State

**SEBASTIAN FL**

Zip

**32958**

Country

**USA**

Suite, Apt. #, etc.

**1327 N. CENTRAL AVE**

City & State

**SEBASTIAN FL**

Zip

**32958**

Country

**USA**



4. Date Incorporated or Qualified To Do Business in Florida

**05/23/1988**

5. FEI Number

**59-2980971**

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
1	2	3	4
<del>PD</del>	<del>STRAD, NEIL J</del>	<del>8050 HONEYCROCKLE DRIVE</del>	<del>SEBASTIAN FL 32970</del>
<del>VPD</del>	<del>CROWE, KEVIN D</del>	<del>1234 CLEARMONT ST</del>	<del>SEBASTIAN FL 32958</del>
<del>OTD</del>	<del>STRAD, LAWRENCE F</del>	<del>8050 HONEYCROCKLE DRIVE</del>	<del>SEBASTIAN FL 32970</del>
PD	JAMES SPOTO	1776 Coral Way, North	Vero Beach, FL 32963
VP TD	RONALD SPOTO	1776 Coral Way North	Vero Beach, FL 32963
SD	DR. JAY PERDUE	13224 US #1	SEBASTIAN, FL 32958

8. Name and Address of Current Registered Agent

~~STRAD, NEIL J~~  
~~8050 HONEYCROCKLE DRIVE~~  
~~SEBASTIAN FL 32970~~

9. Name and Address of New Registered Agent

Name  
**RENE' G. VAN DE VOORDE**  
Street Address (P.O. Box Number is Not Acceptable)  
**1327 N. CENTRAL AVE**  
Suite, Apt. #, Etc.  
**300002440923--4**  
City  
**SEBASTIAN**  
Date  
**02/25/98**  
State  
**FL**  
Zip  
**32958**

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

*Rene' G. Van de Voorde*

REGISTERED AGENT MUST SIGN

Date

**2/11/98**

11. This corporation owes or has paid 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 607.0401 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 under section 118.07(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:

*Ronald Spoto*

**RONALD SPOTO**

**2-17-98**

Date

**561-589-4353**

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR