

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 24 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N29281**

1. Corporation Name

Sandman Condominium Association, Inc.

2. Principal Office Address

343 Palm Street

Suite, Apt. #, etc.

#7

City & State

Hollywood, FL.

Zip

33019

Country

3. Mailing Office Address

343 Palm Beach

Suite, Apt. #, etc.

#7

City & State

Hollywood, FL.

Zip

33019

Country

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

11/15/1988

5. FEI Number

65-0158142

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Christopher Moore

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

343 Palm Street #7

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33019

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

Christopher Moore

Date 01/17/05

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
PV	Christopher Moore	343 Palm Street #7	Hollywood, FL. 33019
VP	Jim Keagan	343 Palm Street #6	Hollywood, FL. 33019
ST	Virginia Perez	343 Palm Street #2	Hollywood, FL. 33019

100046332011
02/10/05--01012--003 **358.75

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 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

1/17/05

Date

954-598-7568

Daytime Phone #

CR2E081 (01/05)