

2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N95000005057

FILED
May 31, 2012
Secretary of State

Entity Name: SANDCASTLE STORYTELLERS, INC.

Current Principal Place of Business:

309 WHITE PLACE
PORT ORANGE, FL 32127 US

New Principal Place of Business:

Current Mailing Address:

309 WHITE PLACE
PORT ORANGE, FL 32127 US

New Mailing Address:

FEI Number: 59-3366344

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANT, CARMEN L
309 WHITE PLACE
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CARMEN GANT

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: GIACHETTI, PETER JR
Address: P OBOX 184
City-St-Zip: LAKE HELEN, FL 32744 US

Title: TREA
Name: GANT, CARMEN L
Address: 309 WHITE PLACE
City-St-Zip: PORT ORANGE, FL 32127 US

Title: EXEC
Name: GIACHETTI, SHERRIL
Address: P.O. BOX 184
City-St-Zip: LAKE HELEN, FL 32744 US

Title: SECY
Name: DEER, TERRY
Address: 2239 RIVER RIDGE DR.
City-St-Zip: DELAND, FL 32701 US

Title: HIST
Name: ADKINS, ALSON
Address: 1315 NADINE DR
City-St-Zip: DELTONA, FL 32738 US

Title: VP
Name: DON, TORREY
Address: 120 SOUTH LAKE DR APT 101C
City-St-Zip: ORANGE CITY, FL 32763 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHERRIL GIACHETTI

EXEC

05/31/2012

Electronic Signature of Signing Officer or Director

Date