

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

01 OCT -8 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** P00000038913

**1. Corporation Name**

Sandy Pines JV Inc

**2. Principal Office Address**

3326 Mary St

Suite, Apt. #, etc.

Suite 603

City & State

Miami FL

Zip

33133

Country

USA

**3. Mailing Office Address**

3326 Mary St

Suite, Apt. #, etc.

Suite 603

City & State

Miami FL

Zip

33133

Country

USA

**REINSTATEMENT**

2001

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

April 18, 2000

**5. FEI Number**

65-1099583

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

World Corporate Services, Inc.

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

2665 South Bayshore Drive

Suite, Apt. #, Etc.

Suite 703

City

Miami

State

FL

Zip Code

33133

**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.**

Mitchell S. Polansky, Vice President

Signature of  
Registered Agent

Date 10/5/01

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
President/ Treasurer	Randy Herscovici	3326 Mary St #603	Miami FL 33133
VP secretary director	Eduardo Naranjo	5009 SW 71st Place Miami FL 33155	Miami FL 33155

**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)(l), 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

10/04/01

Date

305-4443177

Daytime Phone #

CR2E081 (8/00)