

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAY -7 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000074344

**1. Corporation Name**

Sandi's Mane Attraction

**2. Principal Office Address**

7381 Hwy 21 N

Suite, Apt. #, etc.

**3. Mailing Office Address**

PO Box 1573

Suite, Apt. #, etc.

**City & State**

Keystone Heights, FL

Zip

32656

Country

Clay

**City & State**

Keystone Heights, FL

Zip

32656

Country

Clay

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

8/2000

**5. FEI Number**

59-3675987

**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**

Sandra Groves

000035732270

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

~~7381 Hwy 21 N~~ 685 SE 53rd St

**Suite, Apt. #, Etc.**

**City**

Keystone Heights

State  
FL

**Zip Code**

32656

**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**

*Sandra R. Groves*  
REGISTERED AGENT MUST SIGN

**Date**

4-29-04

**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	Sandra Groves	7381 Hwy 21 N	Keystone Heights FL

**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:**

*Sandra Groves*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352 4730351

Daytime Phone #

CR2001 (01/04)

Gail Smithson, E.A.  
Accountant  
Post Office Box 600896  
Jacksonville, FL 32260-0896

April 22, 2004

Department of State  
Division of Corporations  
Post Office Box 6198  
Tallahassee, FL 32314-6198  
Re: Sandi's Mane Attraction, Inc. Document # P00000074344

To whom it may concern;

Sandi's Mane Attraction, Inc. is one of my clients. Since the department has changed the way we get forms I tried to download it for them and found the corporation to be inactive. After making a few phone calls realized the UBR had not been filed since 2001. Also, I discovered that the mailing address was picked up as 200 W. Walker Dr; Keystone Heights, FL 32656. This address is a rural one and does not receive deliveries. Sandra Groves never received forms or letters from the state. She had only been incorporated a year and didn't know to look for this report. And since the form only requires a signature and payment I assumed she received and paid the fee each year without question.

Please forgive the reinstatement fee of \$600.00 due to the fact that no deliberate attempt to avoid paying the fee was made.

Enclosed is a check for \$450.00 for the years 2002, 2003 and 2004.

Thank you for your time and consideration.

  
Gail Smithson