

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P00000094577

1. Corporation Name

SANDBAR GROUP, INC.

Principal Place of Business

P.O. BOX 562672  
MIAMI FL 33256-2672

Mailing Address

P.O. BOX 562672  
MIAMI FL 33256-2672

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

2. New Principal Office Address, if Applicable

14823 SW 74 PL  
Suite, Apt. #, etc.  
Miami, FL 33158  
City & State

3. New Mailing Office Address, if Applicable

14823 SW 74 PL  
Suite, Apt. #, etc.  
Miami, FL 33158  
City & State

4. Date Incorporated or Qualified To Do Business in Florida

10/06/2000

5. FEI Number

65-1108282

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	City / State / Zip
1	2	3	4
D	HAYS, ROBERT TODD	<del>P.O. BOX 562672</del> 14823 SW 74 PL	MIAMI FL 33256 33158
D	HAYS, CARMEN R	<del>P.O. BOX 562672</del> 14823 SW 74 PL	MIAMI FL 33256 33158

8. Name and Address of Current Registered Agent

ZAMORANO, ANDRE J ESQ  
200 S BISCAYNE BLVD, STE 3100  
MIAMI FL 33131

9. Name and Address of New Registered Agent

Name

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

489 Coral Way

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date

11. 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

Date

Daytime Phone #

10/31/01 (305) 251-4033

**SANDBAR GROUP, INC.**

14823 SW 74<sup>TH</sup> Place, Miami, Florida 33158

*hayscarmen@hotmail.com*

PHONE: 305 987-0275

2002

10/31/01

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314-6327

RE: Reinstatement of Corporation #P00000094577

Dear Representative,

By the original deadline of May 1<sup>st</sup>, the Division of Corporations received the Uniform Business Report and the accompanying \$150 check. However, it appears that the box marked "FEI Number Applied For" was not checked off. Apparently you sent a notice of this and later sent the Application for Reinstatement. During this time my mail was being confused with that of a neighbor's. I did not receive such notices until October.

Based on the above circumstances and with all due respect, I ask that you waive the late filing penalty.

Thank You,



Carmen R. Hays

Enclosures