

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN 17 AM 8:00

DOCUMENT # P01000049272

1. Corporation Name

Son and Sand, Inc.

5399 East Hwy 30-A

5399 East Hwy 30-A

2. Principal Office Address

5399 East Hwy 30-A

3. Mailing Office Address

5399 East Hwy 30-A

Suite, Apt. #, etc.

Suite C-253

Suite, Apt. #, etc.

Suite C-253

City & State

Seagrove Beach, Florida

City & State

Seagrove Beach, Florida

Zip

32459

Country

United States

Zip

32459

Country

United States

**4. Date Incorporated or Qualified
To Do Business in Florida** May 11, 2001

5. FEI Number
59-3718763

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
(not needed)

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Kevin M. Helmich, P.A.

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

4481 Legendary Drive

Suite, Apt. #, Etc.

Suite 200

City

Destin

State
FL

Zip Code
32541

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

Date

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 |
|--------|--------------------------------------|---|-------------------------------|
| Pres. | Linda Miller | 5399 East Hwy 30-A, Suite C-253 | Seagrove Beach, Florida 32459 |
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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:

Linda M. Miller

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6.10.04

Date

860.231.3534

Daytime Phone #

CR2E081 (01/04)