

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY -7 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000118426

1. Corporation Name

OCEANWAY SAND, INC.

2. Principal Office Address

235 TROUT RIVER DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

235 TROUT RIVER DRIVE

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32208

Country

USA

Zip

32208

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/14/01

5. FEI Number

75-2970269

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

LARRY K. JONES

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

235 TROUT RIVER DRIVE

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32208

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

REGISTERED AGENT MUST SIGN

Date

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
DPST	LARRY K. JONES	235 TROUT RIVER DRIVE	JACKSONVILLE, FL 32208

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:

LARRY K JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

April 24, 2003

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

RE: Profit Corporation Reinstatement
Document P01000118426 – Oceanway Sands, Inc.

Dear Sir/Madam,

Please see the enclosed Corporation Reinstatement for our client listed above. We are requesting that you accept his application and payment of \$150.00, for the year 2002 and \$150.00 for the year 2003 to become current.

Mr. Jones, President of the above Corporation, did not receive his reports for the referenced periods. Upon our annual review of his account along with your web site, it was determined that he had not filed. He has always filed his government paperwork timely and is very conscientious regarding payment for all yearly fees and taxes.

Thank you for your help and consideration with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,

A handwritten signature in cursive script that reads 'Heather Copeland'.

Heather Copeland

Enclosure: Corporate Reinstatement
Check #459