

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 JAN 10 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PD2000005576

1. Corporation Name

Sand Smart Inc.

2. Principal Office Address

7040 W Palmetto PK Rd

Suite, Apt. #, etc.

4-613

City & State

Boca Raton FL

Zip

33433

Country

USA

3. Mailing Office Address

7040 W Palmetto PK Rd

Suite, Apt. #, etc.

#4-613

City & State

Boca Raton, FL

Zip

33433

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1/16/02

5. FEI Number

☒ 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

Jonathan Yesbick

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

7040 W Palmetto PK Rd # 4-613

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33433

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

Jonathan D. Yesbick

REGISTERED AGENT MUST SIGN

Date

1/6/04

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	Jonathan Yesbick	7040 W Palmetto PK Rd 4-613	Boca Raton, FL 33433

600046559776
02/19/05--01006--013 **150.00

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:

Jonathan D. Yesbick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/6/04

Daytime Phone #

CR2E081 (01/05)