

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT -9 PM 3:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000023407

1. Corporation Name

SANDRA DAY CO., INC.

REINSTATEMENT 03

100023666481
10/09/03--01049--011 **150.00

2. Principal Office Address

250 Eagle Dr.

3. Mailing Office Address

P.O. Box 15158

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PANAMA CITY BEACH, FL.

City & State

PANAMA CITY, FL

Zip

32413

Country

USA

Zip

32406

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

2/26/02

5. FEI Number

83-0353064

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 L. DAY

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

250 EAGLE DR.

Suite, Apt. #, Etc.

City

PANAMA CITY BEACH

State

FL

Zip Code

32413

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 L. Day

Date

10/7/03

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
P	SANDRA L. DAY	250 Eagle Dr	PANAMA CITY BEACH, FL. 32413

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 L. Day

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/7/03

Daytime Phone #

850-235-0703

CR2E081 (10/02)

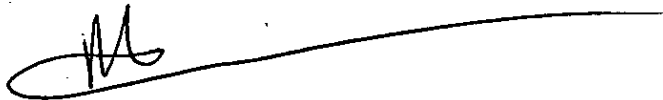
MAX HODGES, ACCT.
1305 COLLEGEWOOD DR.
LYNN HAVEN, FL. 32444
TELE: 850-265-8071

FLORIDA DEPT OF STATE
DIV. OF CORPORATIONS

RE: SANDRA DAY CO., INC.
MAILING ADDRESS: P O BOX 15158
PANAMA CITY, FL. 32406
PO2000023407

DEAR DIV OF CORP.

MS. DAY DID NOT RECEIVE ANY MATERIALS TO FILE OR PAY HER CORPORATION FEES FOR THE PRIOR YEAR. THE REGISTERED AGENT ADDRESS AND THE CORRECT MAILING ADDRESS FOR ALL PAPERS HAS BEEN CORRECTED ON THE REINSTATEMENT FORM. DUE TO THE FACT SHE DID NOT RECEIVE PAPERS TO FILE THE ANNUAL REPORT, PER TELEPHONE INSTRUCTIONS, PLEASE ABATE ANY LATE FILING FEES. THE STANDARD FEE OF \$150.00 IS INCLOSED. THANK YOU FOR HELPING US ON THIS MATTER. THE TELEPHONE AND INTERNET INSTRUCTION WERE A GREAT HELP.

A handwritten signature in dark ink, appearing to be 'MH' or similar initials, followed by a long horizontal line extending to the right.

MAX HODGES