

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 17 PM 4:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000082227

1. Corporation Name

SAND REALTY CORP

Principal Place of Business

Mailing Address

6423 COLLINS AVE  
STE 206  
MIAMI BEACH FL 33141

6423 COLLINS AVE  
STE 206  
MIAMI BEACH FL 33141

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

07/30/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

54-2066326

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	SAND, GILBERT	6423 COLLINS AVE, STE 206	MIAMI BEACH FL 33141
V	SAND, LILY	6423 COLLINS AVE, STE 206	MIAMI BEACH FL 33141

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SAND, STACY  
5775 COLLINS AVE  
APT 709  
MIAMI BEACH FL 33140

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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. or 617.0505, F.S.

Signature of  
Registered Agent

*[Signature]*

Date 10-10-03

REGISTERED AGENT MUST SIGN

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/5/03  
Date

305-861-6653  
Daytime Phone #

CR2E040 (7/03)

2

**SMALL BUSINESS ACCOUNTING SERVICES  
OF SOUTH FLORIDA**

5775 Collins Ave, #709  
Miami Beach, FL 33140  
Tel: 305-861-6653  
Fax: 305-861-4969

October 11, 2003

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

Re: Sand Realty Corp  
FEI# 54-2066326  
2003 Uniform Business Report

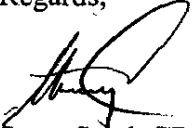
To Whom It May Concern:

We are in receipt of your notice of administrative dissolution. Enclosed please find our application for reinstatement along with a check in the amount of \$150. Due to illness in their family, my client's have been out of town and had their mail forwarded. They did not receive the first or second notice.

We are requesting a one-time abatement of the additional fees to reinstate, as this is a fairly new corporation.

Please feel free to contact me at the number above if you have further questions. Otherwise, I will advise my client to await your response. Thanking you in advance for your assistance.

Regards,

  
Stacy Sand, CPA