

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 OCT 20 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000086653

1. Corporation Name

Sandy Shoes of Melbourne Beach, Inc.

2. Principal Office Address

3455 S. Highway A1A

Suite, Apt. #, Etc.

3. Mailing Office Address

3455 S. Highway A1A

Suite, Apt. #, etc.

City & State

Melbourne Beach, Fl.

City & State

Melbourne Beach, Fl.

Zip

32951

Country

USA

Zip

32951

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8/12/2003

5. FEI Number

NONE

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

R. M. Contella

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

555 NE 15th. St.

Suite, Apt. #, Etc.

Suite 7730

City

Miami

300041317253

09/24/04--01025--002 **151.00

State
FL

Zip Code
33132

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

R. M. Contella

REGISTERED AGENT MUST SIGN

Date 9-20-04

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
PSTD	Manouselis, Costas	3455 S. Highway A1A	Melbourne Beach, Fl. 32951
V	Contella, Robert M.	555 NE 15th. St. Suite 7730	Miami, Fl. 33132

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:

R. M. Contella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

Date

9-20-04

Daytime Phone #

305 523 4563

CR2001 (01/04)