

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000133668

1. Corporation Name

Sands Marketing, Inc.

2. Principal Office Address

647 Corvina Drive

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip
33897

Country
US

3. Mailing Office Address

647 Corvina Drive

Suite, Apt. #, etc.

City & State

Davenport, FL

Zip
33897

Country
US

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/19/2002

5. FEI Number

55-0814394

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

Samantha Longster

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

647 Corvina Drive

Suite, Apt. #, Etc.

City

Davenport

State

FL

Zip Code

33897

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

Samantha Longster

SIGN HERE

Date 01/04/2006

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
D	Samantha Longster	647 Corvina Drive	Davenport, FL 33897
D	Donald Wherrett	43344 Highway 27	Davenport, FL 33837

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 contained in Chapter 119, 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:

Samantha Longster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGN HERE

Samantha Longster

01/04/2006

Date

(407) 719-2403

Daytime Phone #