

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000038208

1. Corporation Name

Sandy Pines of Madison, Inc

2. Principal Office Address - No P.O. Box #

1262 SE Baya Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1262 SE Baya Drive

Suite, Apt. #, etc.

City & State

Lake City, Florida

City & State

Lake City, Florida

Zip

32025

Country

Columbia

Zip

32025

Country

Columbia

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

March 31, 2003

5. FET Number

51-0467890

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED
Yes

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Stafford L. Scaff, Jr.

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

1262 SE Baya Drive

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32025

400275189664
11/16/15--01052--022 **1358.75

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

Date **November 6, 2015**

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 D	Stafford L. Scaff, Jr.	1262 SE Baya Drive	Lake City, Florida 32025

10. E-mail Address: **jenny@slsjr.com**

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/2015

386-438-8951

Date

Daytime Phone #