

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR 27 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P03000091349**

1. Corporation Name

WHITE OCEAN SANDS INC

REINSTATEMENT 06-09

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

250 CLARKE AVE

3. Mailing Office Address

250 CLARKE AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH FL

City & State

PALM BEACH FL

Zip

33480

Country

US

Zip

33480

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

8-20-03

5. FEI Number

01-0796103

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

JOHN ATKINSON

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

250 CLARKE AVE

Suite, Apt. #, Etc.

City

PALM BEACH

State

FL

Zip Code

33480

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date

4/2/09

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
PSD	JOHN ATKINSON	250 CLARKE AVE	PALM BEACH FL 33480

600152761106

04/27/09--01015--006 **1200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/2/09 561-832-3405

Daytime Phone #

DC4/28