

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT 12 PM 2:34

DOCUMENT # P06000024107

1. Corporation Name

Sandes Services, Inc.

W09-43809

REINSTATEMENT 08-09 KS

09/30/09 01035 013 #300.00  
#100161182661

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

1014 Airport Road

3. Mailing Office Address

1014 Airport Road

Suite, Apt. #, etc.

Apt. 131

Suite, Apt. #, etc.

Apt. 131

City & State

Destin, FL

City & State

Destin, FL

Zip

32541

Country

Okaloosa

Zip

32541

Country

Okaloosa

4. Date Incorporated or Qualified  
To Do Business in Florida

02/16/2006

5. FEI Number

204357509

☐ 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

Alessandro Pugin

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

1014 Airport Road

Suite, Apt. #, Etc.

Apt. 131

City

Destin

State

FL

Zip Code

32541

☒ 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

Date 09/28/2009

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
Owner	Alessandro Pugin	1014 AIRPORT RD. APT. 131	DESTIN, FL 32541

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:

Alessandro Pugin

09/28/2009

850.699.9527

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #