2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 21, 2008
Secretary of State

DOCUMENT# P06000114094

Entity Name: SANDS AND COMPANY INC.

Current Principal Place of Business:

2101 SCENIC HWY.
APT. H208
PENSACOLA, FL 32503

New Principal Place of Business:

8415 LOFTON DRIVE
PENSACOLA, FL 32514

Current Mailing Address:

2101 SCENIC HWY.
APT. H208
PENSACOLA, FL 32503

New Mailing Address:

8415 LOFTON DRIVE
PENSACOLA, FL 32514

FEI Number: 02-0792621 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDS, JEFF
2101 SCENIC HWY.
APT. H208
PENSACOLA, FL 32503 US

Name and Address of New Registered Agent:

SANDS, JEFF
8415 LOFTON DRIVE
PENSACOLA, FL 32514 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JEFF SANDS 05/21/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete
Name: SANDS, JEFF
Address: 2101 SCENIC HWY. APT. H208
City-St-Zip: PENSACOLA, FL 32503

Title: SEC ( ) Delete
Name: SANDS, JEFF
Address: 2101 SCENIC HWY. APT. H208
City-St-Zip: PENSACOLA, FL 32503

Title: TREA ( ) Delete
Name: SANDS, JEFF
Address: 2101 SCENIC HWY. APT. H208
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: SANDS, JEFF
Address: 8415 LOFTON DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: SEC (X) Change ( ) Addition
Name: SANDS, JEFF
Address: 8415 LOFTON DRIVE
City-St-Zip: PENSACOLA, FL 32514

Title: TREA (X) Change ( ) Addition
Name: SANDS, JEFF
Address: 8415 LOFTON DRIVE
City-St-Zip: PENSACOLA, FL 32514

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFF SANDS PRES 05/21/2008
Electronic Signature of Signing Officer or Director Date