

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -3 AM 11:23

DOCUMENT # **P14394**

1. Corporation Name

SANDWELL INC.

Principal Place of Business

2690 CUMBERLAND PARKWAY
SUITE 300
ATLANTA GA 30339

Mailing Address

2690 CUMBERLAND PARKWAY
SUITE 300
ATLANTA GA 30339



REINSTATEMENT 00

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1987

5. FEI Number

93-0470684

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	PYATT, ALAN	666 BURRARD STREET	VANCOUVER, B COLUMBIA
V	FERGUSON, JON D.	3268 TETON DRIVE	ATLANTA GA 30339
S	GREENFIELD, JOHN	990 HAMMOND DR., STE. 650	ATLANTA GA
A S	URSEL, DALE	666 BURRARD STREET	VANCOUVER B.

8. Name and Address of Current Registered Agent

DAVIS, THOMAS P.
1758 BOLTON ABBEY DRIVE
JACKSONVILLE FL 32223

9. Name and Address of New Registered Agent

Name

ARTURO P. JIMENEZ

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

10151 Deerwood Park Blvd., BLDG. 300

Suite, Apt. #, Etc.

SUITE 200

City

JACKSONVILLE

State

FL

Zip Code

32256

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Arturo P. Jimenez

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date **18 Oct. 2000**

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., 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 under section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jon D. Ferguson
Jon D. Ferguson

Date

Daytime Phone #

770-437-7733

CR2ED40 (8/00)