

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 MAR 17 AM 3:25

DOCUMENT # P93000009453

1. Corporation Name

SANDLAKE GOLF DESIGN, INC

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

420 S. Orange Ave

Suite, Apt. #, etc.

Suite 500

City & State

Orlando, FL

Zip

32801

Country

3. Mailing Office Address

515 E. Park Ave

Suite, Apt. #, etc.

City & State

Tallahassee, FL

Zip

32301

Country

CR2E081 (11/10)

MAR 17 2017

L BERGER

4. Date Incorporated or Qualified
To Do Business in Florida
02/05/1993

5. FEI Number

59-3168977

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

Olivier Dongradi

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

420 South Orange Ave

Suite, Apt. #, Etc.

Suite 500

City

Orlando

State

FL

Zip Code

32801

200296861672
03/17/17--01026--006 **1200.00

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

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	Dongradi, Oliver	20 BIS, RUE DU BANQUIER	PARIS, FRANCE 75013

10. E-mail Address: ODongradi@wanadoo.fr

(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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/17

Date

Daytime Phone #