

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 20, 2002 8:00 A.M.
Secretary of State

DOCUMENT # **P94000009388**

1. Corporation Name

WHITE SAND DEVELOPMENT CORPORATION OF SEMINOLE COUNTY

Principal Place of Business

Mailing Address

**4550 ORANGE BLVD.
LAKE MONROE FL 32747**

**P.O. BOX 470264
LAKE MONROE FL 32747**



REINSTATEMENT 02

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

02/04/1994

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3225513

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	DALE, LARRY A	120 KAYWOOD DRIVE	LAKE MARY FL 32746
VP	GOOD, MICHAEL J	1020 EDMISTON PLAGE 1885 W. Lake Mary Blvd.	LONGWOOD FL 32750 Lake Mary, FL 32746

7000009153297
11/22/02--01004--019 **750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GOOD, MICHAEL J

~~1020 EDMISTON PLAGE~~
~~LONGWOOD FL 32779~~

Name

Good, Michael J.

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

1885 W. Lake Mary Blvd.

Suite, Apt. #, Etc.

City

Lake Mary

State
FL

Zip Code
32746

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/18/02

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:

LARRY A DALE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/02

Daytime Phone #

407-585-4002