

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
REINSTATEMENT FILED

3785 DEC 31 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000070321

1 Corporation Name

SANDCASTLE, INC.

Principal Place of Business

Mailing Address

5917 N HAVERHILL RD
WEST PALM BEACH FL

5917 N HAVERHILL RD
WEST PALM BEACH FL

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

09/23/1994

Suite, Apt. #, etc

Suite, Apt. #, etc.

5 FEI Number

65-0528032

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
DP	CARMOLLI, DAVID W.	1170 SUGAR SANDS BLVD. #409	SINGER ISLAND FL
DVST	GILLIES, JUDITH J.	1170 SUGAR SANDS BLVD.	SINGER ISLAND FL
DP	Charles Washington, Sr.	8781 N. Bates Rd	Palm Beach Gardens, FL
DV	Georgia Washington	8781 N. Bates Rd	Palm Beach Gardens, FL

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-01/03/97-011835-020

***383 250 540 20 3184

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REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CARMOLLI, DAVID W
5917 N HAVERHILL RD
WEST PALM BEACH FL

Name

Georgia Washington

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

8781 N. Bates Road

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

334

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

Georgia Washington

REGISTERED AGENT MUST SIGN

Date

12/30/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12 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:

Georgia Washington

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/30/96

Date

(561) 848-9135

Daytime Phone #