PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 APR 22 PM 6:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #. P94000072478

1. Corporation Name
Sand Ridge Investments, Inc.

2. Principal Office Address	3. Mailing Office Address
6578 University Blvd.	3575 W. Lake Mary Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite #107
City & State	City & State
Winter Park, Fl.	Lake Mary, Fl.
Zip / Country	Zip / Country
32792 / U.S.	32746 / U.S.

4. Date Incorporated or Qualified To Do Business in Florida
01-01-92

5. FEI Number 59-3274607 ☐ 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: Rocky Graves
Street Address (P.O. Box Number is Not Acceptable): 3575 W. Lake Mary Blvd.
Suite, Apt. #, Etc.: Suite #107
City: Lake Mary | State: FL | Zip Code: 32746

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****350.00 ****350.00

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: 03-5-02
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
Pres	Warren Miller	308 Crane Cove	Longwood, Fl. 32750
CEO/Secretary	Rocky Graves	5750 Lakeshore Grove Pl.	Sanford, Fl. 32771

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****550.00 ****550.00

10. 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 807.0401 or 817.0401, 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: _____ Rocky Graves 03-5-02 (407)324-0001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #