

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
FILED

98 JAN 22 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000037693

1. Corporation Name

SANDLAPPER PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

2335 INDIAN MOUND TRL
KISSIMMEE FL 34746
US

2335 INDIAN MOUNT TRAIL
KISSIMMEE FL 34746



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

2335 INDIAN MOUND TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

KISSIMMEE, FL.

Zip

Country

Zip

34746

Country

OSCEOLA

4. Date Incorporated or Qualified
To Do Business in Florida

05/11/1995

5. FEI Number

65-0585837

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
PD	PATTERSON, SAM S	2335 INDIAN MOUND TRAIL	KISSIMMEE FL
VPD	PATTERSON, VICTORIA S	2335 INDIAN MOUND TRAIL	KISSIMMEE FL
SD	CARLISLE, RONALD W	2731 SILVER STAR ROAD	ORLANDO FL 32808
			200002412612--8
			-01/27/98--01014--003
			****800.00 ****800.00
			REINSTATEMENT 97-98
			A. Alan
			Jan. 22, 1998

8. Name and Address of Current Registered Agent

CARLISLE, RONALD W
2731 SILVER STAR ROAD
ORLANDO FL 32808-3935

9. Name and Address of New Registered Agent

Name SAM S. PATTERSON

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

2335 INDIAN MOUND TRAIL

Suite, Apt. #, Etc.

City

KISSIMMEE

State

FL

Zip Code

34746

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/20/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

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:

[Signature] SAM S. PATTERSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/97

Date

407 932-2727

Daytime Phone #

CR20040 (6/97)