

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

96 NOV -4 PM 12:0

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000062289**

1. Corporation Name

SANDTRAP SERVICES, INC.

Principal Place of Business

**29 VISTA GARDEN TRAIL
VERO BEACH FL 32962**

Mailing Address

**29 VISTA GARDEN TRAIL
VERO BEACH FL 32962**

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

08/11/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3331492

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DPST	RITTEN, ROBERT	P O BOX 3672 N/A	FT PIERCE FL 34946
DV	JOHN RITTEN RITTEN, JOHN	P O BOX 3672 N/A	FT PIERCE FL 34946

800001999908--7
-11/08/96--01019--001
***375.00 ***375.00

8. Name and Address of Current Registered Agent

**BLOCK, SAMUEL A
2127 TENTH AVE
VERO BEACH FL 32960**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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 REQUIRED
REGISTERED AGENT MUST SIGN

Date **11/8/96**

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.)

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 statement 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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 Oct 96

Date

Daytime Phone #