PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 27 PM 5:55

DOCUMENT # P96000019778

1. Corporation Name
SAND + SANF INC

2. Principal Office Address	3. Mailing Office Address
640 E. OCEAN AVE	640 E. OCEAN AVE
Suite, Apt. #, etc. #23	Suite, Apt. #, etc. #23
City & State Boynton Beach	City & State Boynton Beach, FL
Zip 33435 Country USA	Zip 33435 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 1996

5. FEI Number E 65064-7312 ☐ 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
~~Corporation Service Company~~ JEFFREY LEVITT

Street Address (P.O. Box Number is Not Acceptable)
~~1201 Hays Street~~ 640 E. OCEAN AVE

Suite, Apt. #, Etc.
#23

REINSTATEMENT 98-00

City ~~Tallahassee~~ Boynton Beach, State FL Zip Code 33435

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 Jeffrey Levitt Date 10/26/000
REGISTERED AGENT MUST SIGN

CR2E081 (9/99)

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	ARLEEN WARTELL	640 E. OCEAN AVE	Boynton Beach FL 33435
DIRECTOR	ARLEEN WARTELL	(SAME)	
SEC	SANFORD LEVITT	640 E. OCEAN AVE	
TREASURE			
DIRECTOR	SANFORD LEVITT	640 E Ocean Ave (SAME)	FL 33431

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**1050.00 **1050.00

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 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 quality 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: Arleen Wartell ARLEEN WARTELL 10/26/00 561-737-0345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #