

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000027013

1. Corporation Name

Sandy Beach Sales, Inc.

FILED

02 SEP 16 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100008017111--8

-09/25/02--01051--008

***1050.00 ***1050.00

2. Principal Office Address

5968 Howard Ave

Suite, Apt. #, etc.

3. Mailing Office Address

5968 Howard Ave

Suite, Apt. #, etc.

City & State

LaGrange, IL

City & State

La Grange, IL

Zip

60525

Country

USA

Zip

60525

Country

USA

REINSTATEMENT 00-02

4. Date Incorporated or Qualified
To Do Business in Florida

3/21/1996

5. FEI Number

650651583

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

David P. Johnson

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

2201 Ringling Boulevard

Suite, Apt. #, Etc.

Suite 104

City

Sarasota

State

FL

Zip Code

34237

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

[Signature]

Date

9/12/02

REGISTERED AGENT MUST SIGN

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
P/D	Todd Combs	5968 Howard Ave	LaGrange, IL 60525
V/D	Irene Combs	5968 Howard Ave	LaGrange, IL 60525
S/D	Irene Combs	5968 Howard Ave	LaGrange, IL 60525
T/D	Irene Combs	5968 Howard Ave	LaGrange, IL 60525

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 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] Todd Combs - President/Director

Date

9/11/02

Daytime Phone #

708-784-1783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR