

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 FEB 13 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000048759

1. Corporation Name

SANDOLLAR DINER, INC.

2. Principal Office Address

780 Shore Drive

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

32550

Country

Walton

3. Mailing Office Address

780 Shore Drive

Suite, Apt. #, etc.

City & State

Miramar, FL

Zip

32550

Country

Walton

REINSTATEMENT

00-04

400028748044

02/13/04--01044--033 **1358.75

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

6/5/1996

5. FEI Number

593396061

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

Greg S. Oswalt

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

780 Shore Drive

Suite, Apt. #, Etc.

City

Miramar

State
FL

Zip Code 32550

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

Greg S. Oswalt

REGISTERED AGENT MUST SIGN

Date

2/5/04

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
VP	Daniel Q. Bilger	715 Jupiter	Destin, FL 32541
P	Greg S. Oswalt	780 Shore Drive	Miramar, FL 32550
D	Scott Wright	780 Shore Drive	Miramar, FL 32550

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/5/04 (850)865-8944

CFR2001 (01/04)