

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 24 AM 10:47

DOCUMENT # P96000091175

1. Corporation Name

Sand Pillow Properties, Inc.

2. Principal Office Address

30095 Northwestern Highway

Suite, Apt. #, etc.

#300

City & State

Farmington Hills, Michigan

Zip

48334

Country

U. S. A.

3. Mailing Office Address

30095 Northwestern Highway

Suite, Apt. #, etc.

#300

City & State

Farmington Hills, Michigan

Zip

48334

Country

U. S. A.

REINSTATEMENT

03-04

4. Date Incorporated or Qualified

To Do Business in Florida 11/6/96

5. FEI Number

38-3367496

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

NRAI Services, Inc.

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

526 E. Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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.

NRAI Services, Inc.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Jackie Sorman, Asst. Secretary

Date

3/16/2004

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
S	Hanna Karcho	30095 Northwestern Hwy., #300	Farmington Hills, MI 48334

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

Hanna Karcho

Date

3-11-04

Daytime Phone #

CR2E081 (01/04)