

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 3:01

DOCUMENT # **P97000016702**

1. Corporation Name

SILVER SANDS DEVELOPMENT, INC.

Principal Place of Business

Mailing Address

~~849 EGLIN PARKWAY N.E.~~
~~FT. WALTON BEACH FL 32547~~

~~849 EGLIN PARKWAY N.E.~~
~~FT. WALTON BEACH FL 32547~~

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

Suite, Apt. #, etc.

~~2 NW Maple St.~~
~~Fort Walton Beach, FL~~

Suite, Apt. #, etc.

~~P.O. Box 327~~
~~Fort Walton Beach, FL~~

City & State

Zip

Country

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/21/1997

5. FEI Number

59-3427599

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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	4 City / State / Zip
OP	HARTZOG, PAUL	981 BAYSHORE DRIVE	VAL PARAISO FL 32578

400003457664--1
-11/08/00--01079--009
****750.00 ****750.00

[Handwritten signature]

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HARTZOG, PAUL E
C/O SILVER SANDS DEVELOPMENT
849 N.E. EGLIN PARKWAY
FT WALTON BEACH FL 32548

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

[Handwritten signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11. 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 #

CR2E040 (8/00)