

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS



DOCUMENT # P97000071838

1. Corporation Name

SANDDOLLAR ENDEAVOR, INC.

Principal Place of Business

1428 E SEMORAN BLVD
SUITE 112
APOPKA FL 32703

Mailing Address

1428 E SEMORAN BLVD
SUITE 112
APOPKA FL 32703

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date incorporated or Qualified
To Do Business in Florida

08/18/1997

5. FEI Number

59-3476102

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
P	GIFFORD, THOMAS A	1428 EAST SEMORAN BLVD . SUITE 1	APOPKA FL 32703
VP	GIFFORD, PAUL E	1428 EAST SEMORAN BLVD SUITE 11	APOPKA FL 32703
ST	ADAMS, ROBERT M	1428 EAST SEMORAN BLVD SUITE 11	APOPKA FL 32703

400004679324-2
-11/14/01--01088--001
****150.00 ****150.00

8. Name and Address of Current Registered Agent

WORMAN, ROBERT B
105 E ROBINSON ST
SUITE 540
ORLANDO FL 32801

9. Name and Address of New Registered Agent

Name
THOMAS A GIFFORD
Street Address (P.O. Box Number is Not Acceptable)
1428 E SEMORAN BLVD
Suite, Apt. #, Etc.
SUITE 112
City
APOPKA
State
FL
Zip Code
32703

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 10-17-01

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-17-01

Date

Daytime Phone #

407-886-3813

CR2E040 (8/01)

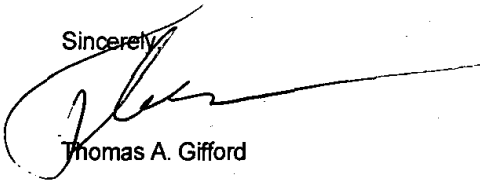
October 19, 2001

To Whom It May Concern:

I am writing this letter to inform you that I have not received the previous Uniform Business Report and per instructions provided by recording at 1-850-245-5069, I am sending my check for \$150.00 and application for reinstatement form as requested.

Please call 407-886-3813 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas A. Gifford', written over the word 'Sincerely,'.

Thomas A. Gifford