

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 OCT 27 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000045515

1. Corporation Name

SANDRA'S FUTURE, INC.

Principal Place of Business

532 WHISPERING PINE LANE  
NAPLES FL 34103

Mailing Address

532 WHISPERING PINE LANE  
NAPLES FL 34103

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

05/20/1998

5. FEI Number

52-2146354

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
D	COTTONI, ANDRE	532 WHISPERING PINE LANE	NAPLES FL 34103

8. Name and Address of Current Registered Agent

AZRIN, DAVID T  
THE LAW OFFICE OF DAVID T. AZRIN, P.A.  
44 WEST FLAGLER STREET - SUITE 2550  
MIAMI FL 33130

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 10/20/99

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 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

10/20/99 941 6436925  
Date Daytime Phone #

SANDRA'S FUTURE INC.  
532 WHISPERING PINE LANE  
NAPLES FL. 34103

10/23/99

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TO:

STATE OF FLORIDA  
DEPT. OF STATE

RE. CORP. ANNUAL REPORT.

SIR./MADAM!

HAVING SENT YOU IN MARCH 99 THE APPLICATION  
AND A CHECK, I WAS CONFIDENT THAT THE  
APPLICATION WAS OK.

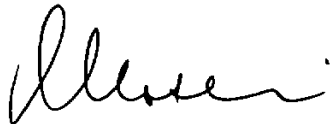
AS I TRACE BACK I SEE THAT CHECK  
GOT NEVER CLEARED.

I NEVER RECIEVED FROM YOUR PART ANY  
NOTICE SAYING MY APPL. WAS NOT COMPLETED.

PLEASE REINSTATE THE CORPORATION, AND  
HAVE THE REINSTATMANT FEE.

I AM MAKING A CHECK FOR \$150.- FOR THE  
ONE THAT NEVER GOT CLEARED.

THANK YOU



ANDRE COTTONONI