

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P98000050741

1. Corporation Name

SAND LAKE SHOPPES INC.

Principal Place of Business

Mailing Address

3013 BERMUDA CIRCLE  
ORLANDO FL 32808

3013 BERMUDA CIRCLE  
ORLANDO FL 32808

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

4. Date Incorporated or Qualified  
To Do Business In Florida

06/05/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

549 Wymore Road Bldg 50A  
Altamonte Springs, FL

549 Wymore Road 50A  
Altamonte Springs, FL

32714 USA

32714 USA

5. FEI Number

59-3547654

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        | 2                                    | 3   | 4  |
|----------|--------------------------------------|---|--|
| Title(s) | Name of Officers<br>and/or Directors | Street Address of Each<br>Officer and/or Director | City / State / Zip   |
| PD       | ABRIOLA, RONALD V                    | 5013 BERMUDA CIRCLE<br>14212 Bud Gate Hill Lane   | ORLANDO FL 32808 32828   |
| SD       | ABRIOLA, DENNIS J                    | 5013 BERMUDA CIRCLE<br>2402 Teton Stone Rvn       | ORLANDO FL 32808 32828   |
| TD       | ABRIOLA, GARY                        | 5013 BERMUDA CIRCLE<br>450 N.W. 87th Road #102    | ORLANDO FL 32808<br>Fort Lauderdale, FL 33324                  |
|          |                                      |   | 800003035798--4<br>11/05/99 01007-013<br>****150.00 ****150.00 |
|          |                                      |   | SP   |

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ABRIOLA, GARY  
5013 BERMUDA CIRCLE  
ORLANDO FL 32808

Name  
GARY ABRIOLA  
Street Address (P.O. Box Number is Not Acceptable)  
450 N.W. 87th Road #102  
Suite, Apt. #, Etc.  
#102  
City  
Fort Lauderdale  
State  
FL  
Zip Code  
33324

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: Gary Abriola

REGISTERED AGENT MUST SIGN

Date 10-25-99

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 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: Gary Abriola Director, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-382-2270

CR2E040 (3/99)